

Name of Doctor Hospital

Week End Date Department

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Standard Hours | | | | On-call Hours | | | Overtime / Call-back Hours | | |  |
| Day | Date | Time in | Meal break | Time Out | Total Time | Time in | Time Out | Total Time | Time in | Time Out | Total | Total shifts /  hours |
| Mo |  |  |  |  |  |  |  |  |  |  |  |  |
| Tu |  |  |  |  |  |  |  |  |  |  |  |  |
| We |  |  |  |  |  |  |  |  |  |  |  |  |
| Th |  |  |  |  |  |  |  |  |  |  |  |  |
| Fr |  |  |  |  |  |  |  |  |  |  |  |  |
| Sa |  |  |  |  |  |  |  |  |  |  |  |  |
| Su |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | Total Hours / Shifts Worked | | |  |

1M Pay week runs Mon-Sun. If your locum spans 2 pay weeks, please complete 2 timesheets i.e. Sat-Wed locum, complete 1 timesheet Sat-Sun and another, separate

timesheet for Mon-Wed Doctors Signature

Your timesheet will only be processed for payment when signed by both yourself and the authorised hospital representative. Once complete, please return the timesheet to your 1Medical consultant.

Supervisors Name

By signing this timesheet, you are confirming that you are inducted for all procedures, protocols, and health / safety requirements for your current location of work.

Mileage for KM allowance payments

Supervisors Signature

1 Medical – 31 625 743 562

Level 15, 1 Castlereagh St, Sydney NSW 2000