



CES Locums

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TIMESHEET

Doctor Name: _____

Doctor ID: _____

Specialty: _____

Grade: _____

Base of Work: _____

Day	Date	Start Time	End Time	Total Hrs.
TOTAL WEEKLY HOURS:				

SPECIAL NOTES AND CLAIMS:

Employee's Declaration:

Signature: _____

Date: _____

Authorised on Behalf of the Client by:

Signature: _____

Name: _____

Position: _____

Date: _____