



Universal Healthy Minds Limited T/A

**UNIVERSAL INTEGRATED SERVICES**

**COMPANY REG. NO: 11281364**

**PHONE: (+44) 0333 335 5733**

Locum Full Name	Grade

Practice/Dept Name	Practice/Dept Address

**Total up the number of hours to the nearest quarter hour excluding lunch:**

	Date	Start Time	Finish Time	Lunch(mins)	Total Hours
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
TOTALS					

I confirm that
<ul style="list-style-type: none"> <li>The total hours worked (excluding lunch) are correct and that I am liable for an engagement fee should I employ the above locum for any period.</li> </ul>
<ul style="list-style-type: none"> <li>I have read and agree to the UNIVERSAL INTEGRATED SERVICES Terms &amp; Conditions.</li> </ul>
<b>Authorised Signatory:</b>

**Please scan and email a signed copy of timesheet to**  
[info@universalintegratedservices.com](mailto:info@universalintegratedservices.com)

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