



Part 1 – Insert Professional Particulars here

Locum Full Name: \_\_\_\_\_ HPCSA / Council Number: \_\_\_\_\_

ID / Passport Number: \_\_\_\_\_ Professional Indemnity Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Ward / Department: \_\_\_\_\_

Facility: \_\_\_\_\_

Medical Officer  Grade 1  Grade 2  Grade 3  Nurse  Pharmacist  Radiographer  General Practitioner  OR  Other: \_\_\_\_\_

Part 2 - Insert hours worked here

Day of the Week	Date								Work								Total Hours Worked	Breaks *								Total Breaks Taken	Total Hours Claimed <small>(Total hours worked less total breaks taken)</small>	Locum Signature	For Office Use Only			
	Start Time				End Time				Start Time				End Time																			
	0	1	0	1	2	0	1	6	0	8	:	0	0	1	6	:		0	0	1	3	:	0	0	1					4	:	0
					2	0			:				:								:				:							
					2	0			:				:								:				:							
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					2	0			:				:								:				:							
					2	0			:				:								:				:							

**Part 3 –**  
I hereby confirm that I, as the authorised signatory for this ward / department at this facility, acknowledge that the above staff member has worded the hours as shown above and that we, the facility, agree to settle the account in accordance with Cura Nova Recruitment and Nursing cc's terms of Business.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**Part 4 –**  
Upon completion of your shift/s, when your timesheet is completed in full, signed off by yourself and your responsible supervisor, please fax it to 086 661 7586 or email it to [payroll@curanova.co.za](mailto:payroll@curanova.co.za). If you are booked for long term shifts, weekly shifts or a few shifts in one week, please submit your timesheet to us once a week. Unsigned timesheets will not be accepted and will cause a delay in payment to you. Payments are done by close of business on Friday's ONLY.  
\* Basic Conditions of Employment Act 75 of 1997 requires a break of 1 hour after 5 hours continuous work.