



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			:				:								:				:							
					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. 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.