



IN CONSORTIUM

Doctors Timesheet

Please ensure the following to avoid delay in payment:

- Your manager **signs, dates and prints** his/her name
- The timesheet is completed in **capitals** and **black ink** and submitted by **Monday 11am**

Send completed timesheets to:

Fax 1890 886 822

Email medtimesheets@ttmhealthcare.com

Employee ID
(Top left hand side of remittance)

Profession

Candidate First Name

Candidate Last Name

Client Name

Client County

Client Location

DAY	DATE	NORMAL HOURS		TOTAL HOURS	ONSITE ON CALL		TOTAL HOURS	OFFSITE ON CALL		TOTAL HOURS				
		START TIME 24HRS	END TIME 24HRS		START TIME 24HRS	END TIME 24HRS		START TIME 24HRS	END TIME 24HRS					
Monday	/ /	:	:		:	:		:	:					
Tuesday	/ /	:	:		:	:		:	:					
Wednesday	/ /	:	:		:	:		:	:					
Thursday	/ /	:	:		:	:		:	:					
Friday	/ /	:	:		:	:		:	:					
Saturday	/ /	:	:		:	:		:	:					
Sunday	/ /	:	:		:	:		:	:					
TOTAL HOURS					TOTAL HOURS					TOTAL HOURS				

Applicant Declaration (only to be signed if used for the purpose of an individual employee timesheet)

"I confirm that the information I have given is correct and in accordance with TTM Healthcare policies and procedures, as detailed on www.ttmhealthcare.ie/locum-zone"

Signature: _____

Authorised Signatory

"I confirm that I am an authorised signatory and I am authorising the above details in accordance with the policies and procedures, as detailed on www.ttmhealthcare.ie/locum-zone"

Signature: _____ Print Name _____ Date: _____