



Healthcare Solutions

*We Power Potential*

# Life Science Timesheet

Send completed timesheets to:

Fax 1890 886 821

Email [lstimesheets@ttmhealthcare.com](mailto:lstimesheets@ttmhealthcare.com)

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**

Employee ID  
(Top left hand side of remittance)

Profession

Candidate First Name

Candidate Last Name

Client Name

Client County

Client Location

DAY	DATE	START TIME	END TIME	BASIC HOURS	Time +1/2 Hours	Time +1/6 Hours	Mon-Fri 20:00-00:00 & 08:00-09:00	Mon-Sat 00:00-08:00	Saturday 09:00-00:00 & 08:00-09:00	Public Holiday & Sunday Sun 09:00 Mon 09:00	Standby Mon - Fri 22:00-09:00	Standby Sat (24Hrs)	Standby Sun (24Hrs)
		24HRS	24HRS	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Total Hours	Single Payment	Single Payment
Monday	/ /	: :	: :										
Tuesday	/ /	: :	: :										
Wednesday	/ /	: :	: :										
Thursday	/ /	: :	: :										
Friday	/ /	: :	: :										
Saturday	/ /	: :	: :										
Sunday	/ /	: :	: :										
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](http://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](http://www.ttmhealthcare.ie/locum-zone)"

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_