

Support Services Timesheet

thcare Solutions Please ensure the following to avoid delay in payment: Your manager signs, dates and prints his/her name

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The timesheet is completed in capitals and black ink and submitted by Monday 11am

Send completed timesheets to:

Fax 1890 886 819

Email supportservicestimesheets@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	Ward / Location	START TIME 24HRS hh:mm	END TIME 24HR hh:mm	TOTAL HOURS	SLEEP START TIME 24HRS	POVER END TIME 24HRS	Manager's Signature	Manager's Name
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)

Signature:

Authorised Signatory

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

____ Print Name _____

Signature: ____

____ Date: __