

## Filling out your timesheet correctly


At TTM Healthcare we do everything we can to make sure the week for the work that you do. However, we will not be able to help you, we have put together this guide. Please read these instructions.

### Quick Check List

- Black ink, BLOCK LETTERS
- Your first and last name
- Client name and location – do not use service user's name
- One location per timesheet
- Day and date must match
- Start and end time of shifts – must use 24 hour clock
- If sending via email photo must be clear and all of the timesheet visible

If you have any questions about your timesheet, or your weekly pay, please contact [payrollqueries@ttmhealthcare.com](mailto:payrollqueries@ttmhealthcare.com)

1. Fill out your timesheet in black ink and in BLOCK CAPITALS.
2. Fill out both your first and last names on the two separate lines provided.

	<h3>Sample Timesheet</h3>		<p><b>Send completed timesheets to:</b>  <b>Fax 1890 886 819</b>  <b>Email <a href="mailto:hcatimesheets@ttmhealthcare.com">hcatimesheets@ttmhealthcare.com</a></b></p>
	<p><b>Please ensure the following to avoid delay in payment:</b></p> <ul style="list-style-type: none"> <li>• Your manager <b>signs, dates and prints</b> his/her name</li> <li>• The timesheet is completed in <b>capitals</b> and <b>black ink</b> and submitted by <b>Monday 11am</b></li> </ul>		
Employee ID <small>(Top left hand side of remittance)</small>	<input type="text"/>	Profession	<input type="text"/>
Candidate First Name	<input type="text"/>		
Candidate Last Name	<input type="text"/>		

Example:

Candidate First Name	JANE	<h1>SAMPLE ONLY</h1>
Candidate Last Name	DOE	

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3. Make sure you include the Client Name.

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Employee ID <small>(Top left hand side of remittance)</small>	<input type="text"/>	Profession <input type="text"/>
Candidate First Name	<input type="text"/>	
Candidate Last Name	<input type="text"/>	
Client Name	<input type="text"/>	

NB: 'Client name' is not the name of the individual person or service user you cared for. It is the name of the hospital or organisation where you worked.

Example:

Client Name	DUBLIN HOSPITAL	<b>SAMPLE ONLY</b>
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4. Client County is the county where you worked eg Clare/Limerick/Galway/Sligo/etc

Client Name	<input type="text"/>
Client County	<input type="text"/>
Client Location	<input type="text"/>

5. Client Location is the bungalow, unit or ward that you worked in

Example:

Client Location	ST JUDE'S WARD	<b>SAMPLE ONLY</b>
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6. One location per timesheet!

If you worked in more than one location in one week, you must fill out a separate timesheet for each location.

7. Please be very careful when filling out the day and date.

The day and date must both be correct.

The day and date must match: if you confuse the days and dates (for example by putting Monday 03/07/16 when Monday was actually 04/07/16) it will not be possible for us to process your timesheet.

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8. Please fill out the START TIME and END TIME of each of your shifts ie the time you started work and the time you finished work.



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 Fax 1890 886 819  
 Email [hcatimesheets@ttmhealthcare.com](mailto:hcatimesheets@ttmhealthcare.com)

Employee ID (top left hand side of reimbursement)  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	SLEEPOVER		Manager's Signature	Manager's Name
						START TIME 24HRS	END TIME 24HRS		
Monday	/ /		:	:		:	:		
Tuesday	/ /		:	:		:	:		
Wednesday	/ /		:	:		:	:		
Thursday	/ /		:	:		:	:		
Friday	/ /		:	:		:	:		
Saturday	/ /		:	:		:	:		
Sunday	/ /		:	:		:	:		
TOTAL HOURS					<input type="text"/>				

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.com/your-timesheets](http://www.ttmhealthcare.com/your-timesheets)"

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

Authorized Signatory

"I confirm that I am an authorized signatory and I am authorising the above details in accordance with the policies and procedures, as detailed on [www.ttmhealthcare.com/your-timesheets](http://www.ttmhealthcare.com/your-timesheets)"

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

SPS No 44.2VS

**NB:** you must make it very clear if you worked a day shift or a night shift. You must use the 24 hour clock.

The 24 hour clock:

1.00am	2.00am	3.00am	4.00am	5.00am	6.00am	7.00am	8.00am	9.00am	10.00am	11.00am	12.00pm midday
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00
1.00pm	2.00pm	3.00pm	4.00pm	5.00pm	6.00pm	7.00pm	8.00pm	9.00pm	10.00pm	11.00pm	12.00am midnight
13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	00.00

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## 9. Sleepovers

If you worked a sleepover shift please fill out the start and end time of the sleepover.

Sleepover start time = the time you went to bed

Sleepover end time = the time you got up



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 Fax 1890 886 819  
 Email hcatimesheets@ttmhealthcare.com

Employee ID (Top left hand side of nameplate)  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	SLEEPOVER		Manager's Signature	Manager's Name
						START TIME 24HRS	END TIME 24HRS		
Monday	/ /		:	:		:	:		
Tuesday	/ /		:	:		:	:		
Wednesday	/ /		:	:		:	:		
Thursday	/ /		:	:		:	:		
Friday	/ /		:	:		:	:		
Saturday	/ /		:	:		:	:		
Sunday	/ /		:	:		:	:		
TOTAL HOURS					<input type="text"/>				

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.com/locum-timesheets](http://www.ttmhealthcare.com/locum-timesheets)"

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

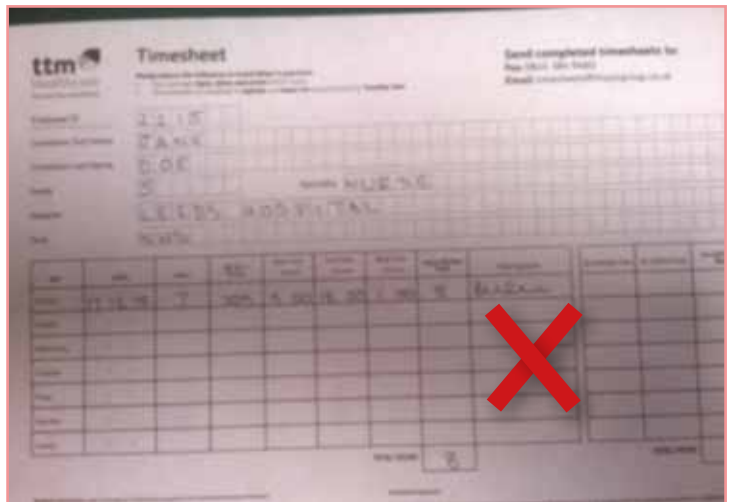
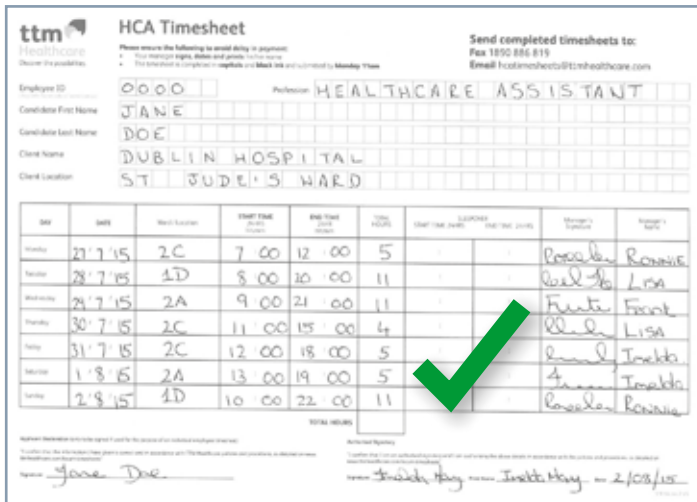
Authorised Signatory

"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.com/locum-timesheets](http://www.ttmhealthcare.com/locum-timesheets)"

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

QSR No 44.2V1

10. If you are taking a photograph of your timesheet and submitting it by email please make sure it is clear. If your timesheet is blurry or any area of it is not visible, unfortunately, it will not be possible for us to process it.



# Submitting your timesheet

Timesheets must be submitted by 11am on Monday morning.

Return your completed timesheet to the fax number or email address specified in the top right hand corner.

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	Employee ID <small>(Top left hand side of remittance)</small>	Profession	
Candidate First Name			
Candidate Last Name			

# ttm Healthcare

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