Consultant Timesheet 

 Tel +353 (0) 21 4297901

Email: timesheets@locumexpress.ie

**PAYMENT CANNOT BE ISSUED UNTIL THE TIMESHEET HAS BEEN AUTHORISED**

**Doctors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Grade/Speciality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekending:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **Standard Hours** | **On-call Hours** |
|  |  | ***Onsite*** | ***Offsite*** |
|  | ***Date*** | ***Start*** | ***Lunch*** | ***Finish*** | ***Total*** | ***Start*** | ***Finish*** | ***Total*** | ***Start*** |  ***Finish Total*** |
| ***Monday*** |  |  |  |  |  |  |  |  |  |  |
| ***Tuesday*** |  |  |  |  |  |  |  |  |  |  |
| ***Wednesday*** |  |  |  |  |  |  |  |  |  |  |
| ***Thursday*** |  |  |  |  |  |  |  |  |  |  |
| ***Friday***  |  |  |  |  |  |  |  |  |  |  |
| ***Saturday***  |  |  |  |  |  |  |  |  |  |  |
| ***Sunday*** |  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  | **TOTAL** |  | **TOTAL** |
|  |  |  |  |  |  |  |  |  |  |  |

**Timesheets MUST be authorised Medical Manpower & Consultant**

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| Locum Consultant Signature: |

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| **I, the undersigned, hereby confirm that the above details are correct: Hours worked and Lunch breaks taken** |
| Consultant Name. | Signature: |
| IMC No. | Date. |
| Medical Manpower Signature: |

Time Sheet must be received by 12noon on Monday and fully completed to be eligible for payment.

**Timesheets can be emailed to** **timesheets@locumexpress.ie** **before 12noon on Monday**

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