NCHD 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:­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Day*** | ***Start Date*** | ***Start Time*** | ***Lunchtime/breaks*** | ***Finish Time*** | ***Onsite******Hours*** | ***Off-site******Hours*** | ***Total***  |
| ***Monday*** |  |  |  |  |  |  |  |
| ***Tuesday*** |  |  |  |  |  |  |  |
| ***Wednesday*** |  |  |  |  |  |  |  |
| ***Thursday*** |  |  |  |  |  |  |  |
| ***Friday***  |  |  |  |  |  |  |  |
| ***Saturday***  |  |  |  |  |  |  |  |
| ***Sunday*** |  |  |  |  |  |  |  |
| ***Totals*** |  |  |  |

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

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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: |
| Locum Doctor’s 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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