Consultant Timesheet [](http://www.locumexpress.ie/)

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**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: |

|  |  |
| --- | --- |
| **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**](mailto:timesheets@locumexpress.ie) **before 12noon on Monday**

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