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

Tel +353 (0) 21 4297901

Email: [timesheets@locumexpress.ie](mailto: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**

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

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