NCHD Timesheet

Doctors Name:
Hospital Name:
Specialty:

Week Ending: _____

	Hours					
	Date	**Start**	**Break**	**Finish**	**Total**	**Break**
Monday						Yes ☐ No ☐
Tuesday						Yes ☐ No ☐
Wednesday						Yes ☐ No ☐
Thursday						Yes ☐ No ☐
Friday						Yes ☐ No ☐
Saturday						Yes ☐ No ☐
Sunday						Yes ☐ No ☐
				Total Hours		

Declaration of Attendance and Submission

I, Dr _____Signature_____, confirm that the hours recorded above are a true account of my time worked on the listed dates and that this timesheet has been completed by myself and the information provided is accurate.

Timesheets must be approved by an authorised signatory from Medical Manpower and/or Consultant only. Timesheets approved by a Registrar, SHO or Nursing cannot be processed.

Hospital Approval & Signature	
Consultant Name: IMC Number:	Signature: Date:
Medical Manpower Name:	Signature: Date:
** By signing the above, you confirm you are authorised to approve hours for this worker.*	

Timesheets should be submitted to timesheets@globalmedics.ie for payment by Tuesday at 1pm.

Anything received after 1pm on Tuesday will be processed the following week.

Please note: We cannot guarantee any payment timeline for timesheets that are not fully approved. We will seek approval as quick as possible and pay you once we have the approval.