Email timesheet to: info@1medical.ie

Telephone: +353 1 4376899

Week Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (SHO, Reg): \_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name or Community Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   | Standard Hours |
| Day | Date | Start Time | Meal break |  Finish | Total Time |
| Mon |  |  |  |  |  |
| Tue |  |  |   |  |  |
| Wed |  |  |   |  |  |
| Thur |   |  |   |  |  |
| Fri |  |  |   |  |  |
| Sat |   |   |   |   |   |
| Sun |   |  |   |  |  |
|   |   |
|  |  |

Doctors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_\_

For Completion by the Authorised Signatory

Authorised Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Signatory Position/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Name Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_\_