

# Consultant Timesheet

Please return to fax no. 01 20 20 244 before 12pm Monday.

Doctors Name:

Hospital Name:

Specialty:

Contract Details:

Week Ending:

	Standard Hours					On Call					
	Date	Start	Lunch	Finish	Total	On Site			Off Site		
						Start	Finish	Total	Start	Finish	Total
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
Monday											
<b>TOTAL</b>						<b>TOTAL</b>			<b>TOTAL</b>		

**FOR HOSPITAL USE ONLY :**  
*(not to be completed by locum)*

## Hospital Acceptance - Signature

Hospital Consultant Name:

PRINT :

IMC No:

Medical Manpower Name

PRINT:

Signature:

Date:

Signature :

Date :

Payments cannot be processed unless timesheet is completed in full

**Registrar, SHO or Nursing signatures are not acceptable**

*Global Medics IRL Ltd. Standard Terms & Conditions Apply*

Timesheets received after 12.00 noon on Monday may not be included in that weeks payroll.  
Please send approved/signed timesheets to [timesheets@globalmedics.ie](mailto:timesheets@globalmedics.ie) or fax 01 20 20 244

**Doctors Name:**  
**Hospital Name:**  
**Specialty:**

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

	Standard Hours					On Call						
	Date	Start	Lunch	Finish	Total	On Site			Off Site			
Start						Finish	Total	Start	Finish	Total		
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												
Monday												
<b>TOTAL</b>						<b>TOTAL</b>				<b>TOTAL</b>		

**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:	Signature:
IMC Number:	Date:
Medical Manpower Name:	Signature :
	Date :

**Global Medics IRL Ltd. Standard Terms & Conditions apply to this booking.**

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**Doctors Name:**  
**Hospital Name:**  
**Specialty:**

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

	Hours					Break
	Date	Start	Break	Finish	Total	
Monday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuesday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Wednesday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Friday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Saturday						Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunday						Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Total Hours</b>					

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**Hospital Approval & Signature**

Consultant Name:	Signature:
IMC Number:	Date:
Medical Manpower Name:	Signature :
	Date :

**Global Medics IRL Ltd. Standard Terms & Conditions apply to this booking.**

Doctors Name:  
 Hospital Name:  
 Specialty:  
 Contract Details:

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

	<i>Mon-Sat 9am-5pm</i>				<i>Mon-Sat 5pm-9am</i>				<i>Sun/BH</i>				<i>Offsite</i>			
	Start	Break	Finish	Total	Start	Break	Finish	Total	Start	Break	Finish	Total	Start	Finish	Total	
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
<b><u>TOTAL (Office use only)</u></b>																

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

**Hospital Approval & Signature**

Consultant Name:	Signature:
IMC Number:	Date:
Medical Manpower	Signature :
Name:	Date :

**Global Medics IRL Ltd. Standard Terms & Conditions apply to this booking.  
 Please be advised that this timesheet has to be dropped to Medical Manpower or the Security Desk in Kerry General by Monday at 12 noon in order for this to be approved and sent to Global Medics for that week's payroll.**