

# Timesheet



This time sheet must be sent in to Tlentsource Healthcare by email before 12 pm on Monday in order to facilitate payment. Please write firmly with black ballpoint pen.

**Send Completed timesheets to:**  
**Email: [timesheets@tlentsource.ie](mailto:timesheets@tlentsource.ie)**

Hospital Name		Candidate First Name	
Address		Candidate Last Name	
Name of Ward		Profession	
Telephone No.		Employee No.	

Day	DATE	START TIME	FINISH TIME	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TITLE	AUTHORISED BY (FULL NAME)
Mon								
Tue								
Wed								
Thu								
Fri								
Sat								
Sun								

Total Pay Hours (Excluding Breaks)		Total Pay Hours in Words (Excluding Breaks)	
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**Candidate Working**

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the days/hours detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings.

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved Signatory**

I confirm that I am an authorised signatory and I am authorising the above details in accordance with our agreement with Tlentsource Healthcare Ltd . By signing the timesheet we agree to pay your account in accordance with our agreed terms of business.

Signed by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_