ttm Healthcare

Timesheet

Please ensure the following to avoid delay in payment:

- Your manager **signs, dates and prints** his/her name
- The timesheet is completed in **capitals** and **black ink** and submitted by **Tuesday 5pm**

Send completed timesheets to:
Fax 0845 384 9460
Email uktimesheets@ttmhealthcare.com

Ref No:/PO No.

Employee ID
(Top left hand side of remittance)

Candidate First Name

Candidate Last Name

Grade

Speciality

Hospital

Trust

M T W T F S S

DAY	DATE	Ward	Ref No. / PO No.	Start Time hh:mm	End Time hh:mm	Break Time hh:mm	Hours Worked Total	Client Signature	On Call Start Time	On Call End Time	On Call Hours Total
Monday	/ /			:	:	:					
Tuesday	/ /			:	:	:					
Wednesday	/ /			:	:	:					
Thursday	/ /			:	:	:					
Friday	/ /			:	:	:					
Saturday	/ /			:	:	:					
Sunday	/ /			:	:	:					
						TOTAL HOURS				TOTAL HOURS	

☐ **Induction and Orientation Training**
Signature: _____

Applicant Declaration (only to be signed if used for the purpose of an individual employee timesheet)

"I confirm that the information I have given is correct and in accordance with TTM Healthcare policies and procedures, as detailed on www.ttmhealthcare.co.uk/locum-zone"

Signature: _____

Authorised Signatory

"I confirm that I am an authorised signatory and I am authorising the above details in accordance with the policies and procedures, as detailed on www.ttmhealthcare.co.uk/locum-zone"

Signature: _____ **Print Name:** _____ **Date:** _____ **Grade:** _____