



Healthcare Solutions

We Power Potential

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

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: _____

Performance Feedback/Reference: Please assign one of the following: G: Good S: Satisfactory P: Poor

Questions	G/S/P	Questions	G/S/P	Questions	G/S/P
General clinical skills		Timekeeping and management of workload		Reliability	
Communication skills		Attitude		Relationships with Others	

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: _____