

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.

M																				
T																				
W																				
T																				
F																				
S																				
S																				

Employee ID
(Top left hand side of remittance)

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Candidate First Name

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Candidate Last Name

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Grade

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Speciality

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Hospital

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Trust

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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: _____