ttm Healthcare
Discover the possibilities

# 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

Employee ID
(Top left hand side of remittance)

Ref No. / PO No.

Candidate First Name

Candidate Last Name

Grade

Speciality

Hospital

Trust

| DAY | DATE | Ward | 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:** _____