

NURSE ON CALL - CARE ASSISTANT CORK UNIVERSITY HOSPITAL

FO240

Email: carersaccounts@nurseoncall.ie

Name: _____

Mobile: _____

CANA ID No: _____

Sort Code: | | **X X X X**

Email: _____

Account No: **X X X X** | | | |

DAY	DATE	WARD DETAILS	TIME IN	SIGNED BY:NURSE IN CHARGE PLEASE PRINT NAME ALSO	TIME OUT	SIGNED BY:NURSE IN CHARGE PLEASE PRINT NAME ALSO	Breaks must be taken. No break taken requires extra cnm signature here	HOURS	AMOUNT €
MONDAY									
				PRINT		PRINT			
TUESDAY									
				PRINT		PRINT			
WEDNESDAY									
				PRINT		PRINT			
THURSDAY									
				PRINT		PRINT			
FRIDAY									
				PRINT		PRINT			
SATURDAY									
				PRINT		PRINT			
SUNDAY									
				PRINT		PRINT			

**** TIMESHEETS MUST BE FILLED OUT CORRECTLY IN ORDER TO PROCESS PAYMENT****

TOTAL

Please note that these break times may be made up of several shorter breaks at the request of management if necessary (e.g. a 1 hour break over a twelve hour shift may be made up of a ½ hour and two ¼ hour breaks). HSE rates apply.

Break Times
The following breaks are assumed to have been taken & will be deducted. **If longer or shorter breaks are taken please indicate on your signed time sheet.** Statutory coffee breaks taken on the ward can be ignored.

I confirm that all signatures on my time sheets are true and correct and that I have worked all the hours submitted on my time sheets and that I accept the new Haddington Road Rates

Nurses Signature: _____ Date: _____

You will be paid the Increment that has been approved by Nurse on Call - HR Department.
If your increment changes please ensure that you inform Nurse on Call HR Department if not you will remain on your present increment. The email address for HR is interviewer@nurseoncall.ie

