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| FO103 |

**NURSES TIMESHEET** **NURSE ON CALL** – **FAX**: 01 4062079 / 01 4965690 **email:** nursesaccounts@nurseoncall.ie

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Mobile:** advise only if changed recently |  | **NOC ID:** |  | **Sort Code:** |  |  | **X** | **X** | **X** | **X** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Email:** advise only if changed recently | **Employee Code**: | **Account Number:** | **X** | **X** | **X** | **X** |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Hospital/Client Name & Address** | **Ward/Location Details** | **Start Time (24hr clock)** | **Finish Time**  **(24hr clock)** | **Breaks taken (total minutes)** | **Actual hours worked** | **Amount**  **€** | **Breaks must be taken. No break taken requires extra CNM signature here** | **Signed by Person in Charge (Please print name also)** |
| **MON** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **TUE** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **WED** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **THU** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **FRI** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **SAT** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **SUN** |  |  |  |  |  |  |  |  |  |  |
| **PRINT** |
| **Timesheets should reach Nurse on Call by 21:30 Monday evening** | | | | | | | **TOTAL** |  |  |  |

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

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| --- | --- | --- | --- | --- | --- | --- |
| 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 hr break over a 12 hr 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. | | | | |  | * Please note that 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 our HR Department as failure to do so will result in you remaining on your present increment. As Nurse on Call is an agency, hours and weeks worked can vary hugely from Nurse to Nurse so it is up to you to inform us when you think you are due an increment increase. * The email address for HR is [interviewer@nurseoncall.ie](mailto:interviewer@nurseoncall.ie) |
| **Total Shift Length (Hrs)** | **Break Time (Hrs)** | **Total Shift Length (Hrs)** | **Break Time (Hrs)** | |  |
| **8** | **½ hour** | **11** | **1 hour** | |  |
| **9** | **½ hour** | **12** | **1 hour** | |  |  |
| **10** | **3/4 hour** | **13** | **1 hour** | |  |
| 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. | | | | |  |
| **Nurse’s signature:** |  | | **Date:** |  |  | **\*\*\*Payroll queries are answered by email only\*\*\*** |