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Sort Code:

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HEALTHCARE ASSISTANT/STUDENT NURSE TIMESHEET NURSE ON CALL - FAX: 01 4062079 / 01 4965690 email: carersaccounts@nurseoncall.ie

CANA ID:

are due an increment increase.

Mobile: advise only if changed recently

Name:

Total Shift Length (Hrs)

8

9

10

HCA's signature:

Email: advise only if changed recently			Employee Code:						Account Number:	х	х	Х	х				
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										PRIN	T						
TUE										PRIN							
WED										PRIN							
											<u> </u>						
THU										PRIN	T	<u> </u>					
FRI										PRIN	т						
SAT										PRIN							
										FIXIIN	<u> </u>						
SUN										PRIN	T						
Timesh	eets shoul	d reach Nurse on Call by 2	1:30 Monday evenin	g			TOTAL										
***TIM	ESHEETS M	UST BE FILLED OUT CORRE	CTLY IN ORDER TO F	PROCESS PA	YMENT**	k											
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 are taken on the ward can be ignored. Please note that you will be paid the Increment that has been approved by Nurse on Call Registration and Compliance Department. If your increment changes please ensure that you will be paid the Increment that has been approved by Nurse on Call Registration and Compliance 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								t you									

Break Time (Hrs)

1 hour

1 hour

1 hour

Date:

Total Shift Length (Hrs)

11

12

13

I confirm that all signatures on my time sheets are true and correct and that I have worked all the hours submitted on my

Break Time (Hrs)

½ hour

½ hour

3/4 hour

time sheets and that I accept the new Haddington Road Rates.

PAYROLL QUERIES ARE ANSWERED BY EMAIL ONLY

The email address is RegistrationAndCompliance@nurseoncall.ie

worked can vary hugely from HCA to HCA so it is up to you to inform us when you think you