<u>Timesheets should reach Nurse on Call by 21:30 Monday evening</u>

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

Name:			Mobile:		NOC ID:		Employee Code:	9	Account:	х	х	х	x				
Day	Date	Hospital/Client Name & Address	Ward/Location Details	Start (24hr clock)	Finish (24hr clock)	Breaks (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)					ase
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		e up of several shorter breaks at the req shift may be made up of a ½ hour and tw			•				ates from Satur he Coombe, Oui							oleman'	's

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.

Total Shift Length (Hrs)	Break Time (Hrs)			
8	0.5			
9	0.5			
10	0.75			
11	1			
12	1			
13	1			

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.

Signature:	Date:					

- Hospital, St James's Hospital, St Josephs's Raheny, Wexford General Hospital
- 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 inform our 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 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 is RegistrationAndCompliance@nurseoncall.ie

I confirm that I am 'not a close' contact of a COVID positive with in the last 48 hours patient/relative.

Signed	Print name:	
Signed	FILL HALLE.	

The above must be signed failure to do so will result in payments NOT been processed.