Email timesheet to: [info@1medical.ie](mailto:info@1medical.ie)

Telephone: +353 1 4376899

Week Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (SHO, Reg): \_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name or Community Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | Standard Hours | | | |
| Day | Date | Start Time | Meal break | Finish | Total Time |
| Mon |  |  |  |  |  |
| Tue |  |  |  |  |  |
| Wed |  |  |  |  |  |
| Thur |  |  |  |  |  |
| Fri |  |  |  |  |  |
| Sat |  |  |  |  |  |
| Sun |  |  |  |  |  |
|  |  |
|  |  |

Doctors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_\_

For Completion by the Authorised Signatory

Authorised Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Signatory Position/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Name Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_\_\_