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Healthcare Solutions
We Power Potential

Filling out your timesheet correctly

At TTM Healthcare we do everything we can to make sure that each of our locum professionals is paid correctly, and on time, each week for the work that you do. However, we will not be able to pay you unless your timesheets are completed correctly. To help you, we have put together this guide. Please read these instructions carefully.

Quick Check List

- [ ] Black ink, BLOCK LETTERS
- [ ] Your first and last name
- [ ] Client name and location – do not use service user's name
- [ ] One location per timesheet
- [ ] Day and date must match
- [ ] Start and end time of shifts – must use 24 hour clock
- [ ] If sending via email photo must be clear and all of the timesheet visible

If you have any questions about your timesheet, or your weekly pay, please contact payrollqueries@ttmhealthcare.com

1. Fill out your timesheet in black ink and in BLOCK CAPITALS.

2. Fill out both your first and last names on the two separate lines provided.

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Sample Timesheet

Please ensure the following to avoid delay in payment:
- Your manager **signs, dates and prints** his/her name
- The timesheet is completed in **capitals** and **black ink** and submitted by **Monday 11am**

Send completed timesheets to:
Fax 1890 886 819
Email hcatimesheets@ttmhealthcare.com

Employee ID (Top left hand side of remittance)		Profession	
Candidate First Name			
Candidate Last Name			

Example:

Candidate First Name	JANE
Candidate Last Name	DOE

SAMPLE ONLY

CEL ISO 9001 -BS EN ISO-

REC Member

ERF Employment & Recruitment Federation

065 686 9300 | info@ttmhealthcare.com | ttmhealthcare.ie

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3. Make sure you include the Client Name.

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Profession

Candidate First Name

Candidate Last Name

Client Name

NB: 'Client name' is <u>not</u> the name of the individual person or service user you cared for. It is the name of the hospital or organisation where you worked.

Example:

Client Name | DUBLIN HOSPITAL

SAMPLE ONLY

4. Client County is the county where you worked eg Clare/Limerick/Galway/Sligo/etc

Client Name

Client County

Client Location

5. Client Location is the bungalow, unit or ward that you worked in

Example:

Client Location | ST JUDE'S WARD

SAMPLE ONLY

6. One location per timesheet!
If you worked in more than one location in one week, you must fill out a separate timesheet for each location.

7. Please be very careful when filling out the day and date.

The day and date must <u>both</u> be correct.

The day and date must <u>match</u>: if you confuse the days and dates (for example by putting Monday 03/07/16 when Monday was actually 04/07/16) it will not be possible for us to process your timesheet.

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8. Please fill out the START TIME and END TIME of each of your shifts ie the time you started work and the time you finished work.

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Candidate First Name

Candidate Last Name

Client Name

Client County

Client Location

DAY	DATE	Ward / Location	START TIME 24HRS hh:mm	END TIME 24HR hh:mm	TOTAL HOURS	SLEEPOVER START TIME 24HRS	END TIME 24HRS	Manager's Signature	Manager's Name
Monday	/ /		:	:		:	:		
Tuesday	/ /		:	:		:	:		
Wednesday	/ /		:	:		:	:		
Thursday	/ /		:	:		:	:		
Friday	/ /		:	:		:	:		
Saturday	/ /		:	:		:	:		
Sunday	/ /		:	:		:	:		
				TOTAL HOURS					

Applicant Declaration (only to be signed if used for the purpose of an individual employee timesheet)

"I confirm that the information I have given is correct and in accordance with TTM Healthcare policies and procedures, as detailed on www.ttmhealthcare.com/locum-timesheets"

Signature: _____

Authorised Signatory

"I confirm that I am an authorised signatory and I am authorising the above details in accordance with the policies and procedures, as detailed on www.ttmhealthcare.com/locum-timesheets"

Signature: _____ Print Name: _____ Date: _____

SPR No 44.2V5

NB: you must make it very clear if you worked a day shift or a night shift. You must use the 24 hour clock.

The 24 hour clock:

1.00am	2.00am	3.00am	4.00am	5.00am	6.00am	7.00am	8.00am	9.00am	10.00am	11.00am	12.00pm midday
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00

1.00pm	2.00pm	3.00pm	4.00pm	5.00pm	6.00pm	7.00pm	8.00pm	9.00pm	10.00pm	11.00pm	12.00am midnight
13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	00.00

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9. Sleepovers
If you worked a sleepover shift please fill out the start and end time of the sleepover.
Sleepover start time = the time you went to bed
Sleepover end time = the time you got up

10. If you are taking a photograph of your timesheet and submitting it by email please make sure it is clear. If your timesheet is blurry or any area of it is not visible, unfortunately, it will not be possible for us to process it.
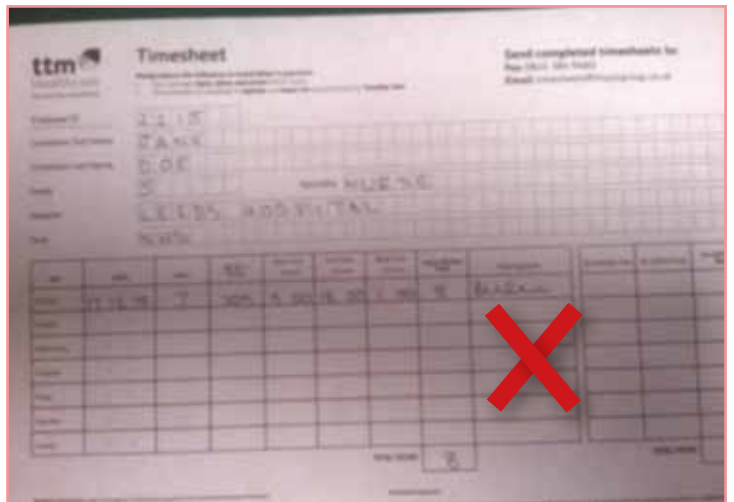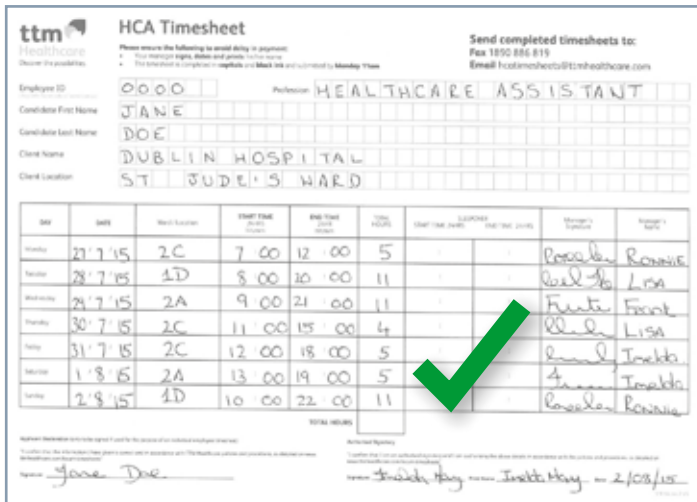
Submitting your timesheet

Timesheets must be submitted by 11am on Monday morning.
Return your completed timesheet to the fax number or email address specified in the top right hand corner.

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