

Each timesheet must have a UNIQUE reference number or it will not be accepted.



Email: timesheets@shamrockgroup.ie

Tel Bookings: +353 1 574 6320

Shamrock Group Ltd

Registered in Republic of Ireland Registered Number: 681327
Registered Office: 28 Upper Pembroke Street, Dublin 2, D02 NT28

Timesheet Ref No: H001366

Hospital / Home			
Address			
Telephone No.			
Name of Ward		Type of Ward	
Candidate / Nurse Name		Qualification / Post	
Employee No.		Week Ending (Sunday)	

Day rates and night rate hours may vary from client to client. Saturday, Sunday and Bank Holiday rate hours may also vary from client to client.
Please check with your Shamrock Group contact as to which shift pattern applied before accepting an assignment.

DAY	DATE e.g. 01/07/17	START TIME e.g. 08:00	FINISH TIME e.g. 16:00	SLEEP-IN HOURS	NUMBER OF HOURS	BREAK TIME	TIME WORKED	GRADE OR TYPE	AUTHORISED BY
Mon									
Tue									
Wed									
Thurs									
Fri									
Sat									
Sun									
Total Hours									

Total Pay Hours in Words (Excluding Breaks)	
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Candidate Working

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the hours/days detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and the civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed by:

Print Name:

Date:

Approved Signatory

I agree to the above named person(s) worked hours shown above and by signing the timesheet we agree to pay your account in according with your terms of business. I understand that a further copy of your terms of business is available on request. I am an authorised signatory for this Customer. I am signing below to confirm that both the pay point and hours/days that I am authorising are accurate and I approve payment. I understand that if I knowingly authorise false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Customer.

Signed by:

Print Name:

Date: