

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: H001531

Hospital / Home												
Address												
Telephone No	O.											
Name of Ward						Type of Ward						
Candidate / Nurse Name						Qualification / Post						
Employee No.						Week Ending (Sunday)						
	ht rate hours may v n your Shamrock Gro							n client to clie	nt.			
DAY	DATE e.g. 01/07/17	START TIME e.g. 08:00	FINISH TIME e.g. 16:00	SLEEP-IN HOURS	NUMBER HOUR	R OF	BREAK TIME	TIME WORKED	GRADE O TYPE	R AUTHORI BY	ISED	
Mon												
Tue												
Wed												
Thurs												
Fri												
Sat Sun												
Total Hours												
T . 15												
Total F	Pay Hours in Word	ls (Excluding Bre	eaks)									
Candida	ate Work	ing										
provide false inforr		t in disciplinary act	ion and I may be lia	ble for prosecution	on and the civ	vil recov	ery proceedings. I			erstand that if I know tion from this form to		
Signed by:				Print Name:			Date:					
Approve	ed Signative named person(s) we of business is availa	tory orked hours shown ble on request. I ar rstand that if I kno	n above and by signi n an authorised sign wingly authorise fal:	atory for this Cu se information th	: we agree to stomer. I am s	pay you signing l	ur account in accor below to confirm tl	ding with your t nat both the pay	y point and hours/da	nderstand that a furtl ys that I am authorisi ivil recovery proceedin	ing are	
Signed by:			Print	Print Name:					Date:			