

www.MedGen.ie

Payroll Line: 1 485 1287 Option 5

Email timesheet to – Payroll@medgen.ie

Payroll enquiries to – Payroll@medgen.ie

MedGen Healthcare Ireland

10 Merrion Square North

Dublin 2

DO2 DW94



MedGen Healthcare Ireland Limited Company Number 754955

Timesheet

IMPORTANT: Please press firmly with a black ball point pen and write in CAPITALS to ensure that all copies are legible. No correction fluid may be used.

All timesheets for the week ending Sunday must be returned to the office by 12 Noon Monday, no later than 14 days after shift or mileage will be unpaid.

First Name:
Surname:
Ward or Unit:
Name of Client:
Name & Address of Hospital: Do not fill if at private residence only use client codes

Quals Worked	Ticked Below
RN	
MIDWIFE	
HCA	
RSCN	
ITU / A&E	
THEATRE	
RMN/RNLD	
SLEEP IN	
IN CHARGE	

<p>Practice related feedback Please comment on the overall performance of this worker during the shift to provide practice related feedback.</p> <p>Please Tick Excellent [] Very good [] Good [] Average []</p> <p>If a uniform was worn was it a MedGen Healthcare Ireland one []</p> <p>If you would like us to contact you regarding the above []</p> <p>Name: Telephone: Date:</p> <p>Has an induction been completed on your first shift listed on this timesheet? [] Yes [] No</p>	<p>For Client Only</p> <p>Initial if booked at specialist rates:</p> <p>Initial if in charge of specialist Unit:</p> <p>Client Signature:</p> <p>Date:</p> <p>I am authorised to sign this timesheet. I have checked that all hours shown, and qualification claimed, together with any specialist enhancements are correct. 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.</p>
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Day of the Week	Date	Start Time (24 Hour Clock)	Finish time (24 Hour Clock)	Break (Mins)	Total Hours Worked

Travel (Note mileage will be checked)

To claim for mileage, you **MUST** have a valid car insurance certificate

Home Eircode: _____ Journey End Eircode: _____

Business Mileage ONLY _____ Personal _____

REST BREAKS Unless otherwise agreed between Agency and Client. For shifts up to 4.5 hours in length: 15 minutes. For shifts of 6 to 6.5 hours: 30 minutes. For night duty, and day shifts of more than 9 hours in length: 1 hour. If an alternative other than the standard break or no break is offered, you **MUST** complete the break actually taken and the client is required to initial to authorise. If no break is offered, you must write "No Break".

Worker signature:	NMBI Pin (if applicable)	Notes/Booking reference: PO Number
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I confirm the above details are correct. In addition, I declare that any travel costs I have claimed have been necessarily incurred in the performance of my duties with MedGen Healthcare Ireland at a temporary workplace and have enclosed or retained receipts or other valid contemporaneous records of expenses incurred. I understand these details will be checked before the timesheet is paid, any incomplete or illegible timesheets will result in the form being returned to the worker and a delay in payments. I understand that if I knowingly provide false information this may result in disciplinary action, and I may be liable for prosecution and civil recovery proceedings. MedGen Healthcare Ireland will co-operate with any organisation/investigation in respect of this timesheet. I accept that information disclosed to third parties including the HSE, HIQA, law enforcement, Revenue Commissioners Ireland, and any other body in connection with my engagement.

