

Tel: 028 9553 1122

**ALL TIME SHEETS MUST BE SIGNED BY  
AN AUTHORISED MEMBER OF STAFF**

### IRELAND ADULT SOCIAL CARE TIMESHEET

- 1.) This timesheet must be fully completed by the temporary worker and authorized by an appropriate member of the Client's staff.
- 2.) A separate timesheet must be completed for each place of work for the week ending the Sunday.
- 3.) Timesheet must be received by the payroll department starting Saturday up until the **cut off time by 10:30AM every Tuesday for the payment on Friday.** (Ensure timesheet is submitted within 30 days of completion of shift.)

- 4.) Please notify the office each Friday for your forthcoming availability.
- 5.) Please refer to the company rules and policy for the timesheet completion and submission.
- 6.) All timesheets need to be emailed to:  
**timesheet1@alliedandclinical.com**

Please complete and email to [timesheet1@alliedandclinical.com](mailto:timesheet1@alliedandclinical.com)

Agency worker's name:		Trust & Hospital:	Trust:	Hospital:
Band/Qualification/Job Title:		Ward/Department:		
Unique Work Number: (Employee No.)		Hiring Manager: (WRITE/PRINT FULL NAME)	First name:	Last name:

### TIMESHEET

DAY	DATE	DAY/NIGHT SHIFT	Shift start (24hr clock)	Shift end (24hr clock)	PO / Reference Number	Total Break		Total hours after break is deducted (hours : minutes)	Feedback (From 1-5, 5 being excellent)				
						Break Taken (hours : minutes)	Client Signature for break not taken		Timeliness	Documentation	Clinical Skills	Team Work	Re- hire
Monday			:	:		:		:					
Tuesday			:	:		:		:					
Wednesday			:	:		:		:					
Thursday			:	:		:		:					
Friday			:	:		:		:					
Saturday			:	:		:		:					
Sunday			:	:		:		:					

### AUTHORISED SIGNATORY DECLARATION

By signing this form, you confirm that you are an authorised signatory for the ward/unit/department that the worker named on this time sheet has worked. Your signature confirms that the job profile, band and hours that have been entered and authorised are accurate. You are also aware that knowingly providing false information may result in prosecution and civil recovery proceedings.

### AGENCY WORKER DECLARATION

I declare that the information I have given on this form is correct and complete and that I have not claimed elsewhere for any hours/shifts 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 civil recovery proceedings. I consent to the disclosure of information from this form for the purpose of verification or investigation.

Authorised Signatory's name:	First Name:	Last Name:
Ward:		
Signature:		
Date of Signature:		

Agency Worker's name:	
Signature:	
Date of Signature:	