**CONSULTANT TIMESHEET**

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| --- | --- |
| **Doctor Name:****Grade:****Speciality:** | **Hospital:****Week ending:­­­­­­­­­­­­­­­­­­****IMC No:** |
|  |  | **Standard Hours** |  |  |  |  | **On Call** |  |
|  |  |   |  |  |  **ON SITE**  |  |  **OFF SITE**  |
|  | **Date**  | **Start**  | **Lunch**  | **Finish**  | **Total**  |  | **Start**  | **Finish** | **Total**  | **Start**  | **Finish**  | **Total**  |
| Monday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Tuesday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Wednesday  |   |  |  |  |  |  |  |  |  |  |  |  |
| Thursday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Friday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Saturday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Sunday   |  |  |  |  |  |  |  |  |  |  |  |  |
| Monday   |  |  |  |  |  |  |  |  |  |  |  |  |
| **TOTAL**  |  |  |  |  | **TOTAL**  |  |  | **TOTAL**  |  |  |

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| --- |
| **FOR HOSPITAL USE ONLY :*****(not to be completed by locum)***  |
| **Hospital Acceptance Signature**  |
| **Medical Manpower** PRINT name: Signature:  Date: |

For correspondence, please email accounts@rosata.ie