**CONSULTANT TIMESHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |  |  | |

|  |
| --- |
| **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](mailto:accounts@rosata.ie)