



Name:

Mobile: advise only if changed recently

Sort Code:    X X X X

Email: advise only if changed recently

**Employee Code:**

Account Number: X X X X

Day	Date	Hospital/Client Name & Address	Ward/Location Details	Start Time (24hr clock)	Finish Time (24hr clock)	Breaks taken (total minutes)	Actual hours worked	Amount €	Breaks must be taken. No break taken requires extra CNM signature here	Signed by Person in Charge (Please print name also)
MON										PRINT
TUE										PRINT
WED										PRINT
THU										PRINT
FRI										PRINT
SAT										PRINT
SUN										PRINT
								<b>TOTAL</b>		

**Timesheets should reach Xtra Nursing Agency by 10am Mon – Fri (excl Bank holidays)**

**\*\*\*PAYROLL QUERIES ARE ANSWERED BY EMAIL ONLY\*\*\***

**\*\*\*TIMESHEETS MUST BE FILLED OUT CORRECTLY IN ORDER TO PROCESS PAYMENT\*\*\***

By signing the timesheet the hospital representative is confirming the hours worked, breaks taken and t&c's of Xtra Nursing Agency and that no purchase order is necessary.

Please note that these break times may be made up of several shorter breaks at the request of management if necessary (e.g. a 1 hr break over a 12 hr shift may be made up of a ½ hour and two ¼ hour breaks). HSE rates apply. **Break Times:**  
The following breaks are assumed to have been taken & will be deducted. **If longer or shorter breaks are taken please indicate on your signed time sheet.** Statutory coffee breaks taken on the ward can be ignored.

Total Shift Length (Hrs)	Break Time (Hrs)	Total Shift Length (Hrs)	Break Time (Hrs)
8	½ hour	11	1 hour
9	½ hour	12	1 hour
10	¾ hour	13	1 hour

- Please note that you will be paid the Increment that has been approved by Xtra Nursing Agency HR Department. If your increment changes, please ensure that you inform our HR Department as failure to do so will result in you remaining on your present increment. As Xtra Nursing Agency is an agency, hours and weeks worked can vary hugely from Nurse to Nurse so it is up to you to inform us when you think you are due an increment increase.
- The email address for HR is [info@xtranursingagency.ie](mailto:info@xtranursingagency.ie)
- I confirm that all signatures on my time sheets are true and correct and that I have worked all the hours submitted on my time sheets and that I accept Department of Health Rates + 20%

Nurses Signature:  Date: