



The Nightingale Placement Agency

TIMESHEET

Phone: 015522422 Email: payroll@tnpa.ie

Day	Date	Hospital / Placement Name and Address	Ward Name	Start Time	End Time	Break	Total Hours Worked	Person-In-Charge / Supervisor / Manager
Monday								Name:
								Signature
Tuesday								Name:
								Signature
Wednesday								Name:
								Signature
Thursday								Name:
								Signature
Friday								Name:
								Signature
Saturday								Name:
								Signature
Sunday								Name:
								Signature

Name: _____	Bank Name: _____
Signature: _____	Account No: _____
Date: _____	Sort Code: _____
Mobile: _____	TNPA ID No: _____
Email: _____	PPSN: _____

Hours Worked	Break	Hours Worked	Break
8	30 mins	11	1 hour
9	30 mins	12	1 hour
10	45 mins	13	1 hour

- * All timesheets must be duly signed by the authorised person-in-charge only.
- * All timesheets must be filled-in correctly and accurately. Incomplete details on timesheets may cause delay in processing of wages.
- * All timesheets must be received by TNPA by 12:00 on Monday for them to be included in payroll processing.
- * By affixing your signature, you hereby state that all the information you put are true and correct.