

TIME SHEETS MINANA GOODPEOPLE - Phone:012118077 ;Email: timesheets@goodpeople.ie

Name:

Mobile:

GP ID NO:

Sort Code:

Email:

Account No: **X**

Day	Date	Client Name & Address	Department Details	Worked as: Nurse, HCA, Cleaner etc.	Start time: (24 hr clock e.g. 0800)	Finish time: (24 hr clock e.g. 2000)	Break taken in total (minutes)	Actual Hours Worked	Amount-For Office Use Only	Breaks must be taken. No breaks taken requires extra signature by the supervisor here.	Signed by the Line Manager or the Supervisor
MON											Name: Sign:
TUE											Name: Sign:
WED											Name: Sign:
THU											Name: Sign:
FRI											Name: Sign:
SAT											Name: Sign:
SUN											Name: Sign:

Total Hours

Timesheets MUST reach GP by 21:30 Monday Evening Max
Please send timesheets ONLY to " timesheets@goodpeople.ie "

Timesheets MUST be filled out completely and correctly in order to process the payment

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 hour break over a twelve hour 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

All pay roll queries to accounts@goodpeople.ie
 Minana International T/A Goodpeople
 Office 13, Unit 8D
 Dunshaughlin Business Park
 Co. Meath
 Phone:012118077
timesheets@goodpeople.ie



PAYROLL QUERIES WILL BE REPLIED TO BY EMAIL ONLY

Any queries related to payroll MUST be sent to accounts@goodpeople.ie ONLY and NOT to any other email.

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 the new Haddington Road Rates(FOR NURSES).

Staff Signature: _____

Date: _____