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Doctoral Programme in Clinical Psychology

University College Cork Timesheet

**TRAINEE NAME:**

**WEEK ENDING:**

***(E.g. Friday 18th October 2019)***

**CLINICAL PLACEMENT LOCATION:**

***Please complete the following using the codes below. If you are on clinical placement, your time sheet MUST be signed by your placement supervisor. (As per procedures and guidelines). If you are on academic block, your time sheet must be signed by Clinical Psychology academic staff.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Scheduled Hours** | **Placement or Academic Hours Worked** | **Leave** |
| **Leave Hours** **(Annual/sick leave etc.)** | **Code** |
| **MONDAY** |  |  |  |  |
| **TUESDAY** |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |
| **THURSDAY** |  |  |  |  |
| **FRIDAY** |  |  |  |  |
|  **TOTAL** |  |  |  |  |

**LEAVE CODES: S= SICK LEAVE \* A/L= ANNUAL LEAVE P/H=PUBLIC HOLIDAY**

 **Y= STUDY LEAVE/SPECIAL LEAVE R=RESEARCH DAY O=OTHER (please explain)**

*\* Note: only 2 consecutive working days can be taken without a medical cert. A medical cert must be provided on the third day of illness.*

Comments:

**Signed:**

 **Trainee Clinical Psychologist**

**Approved:**

 **Placement Supervisor / Clinical Psychology Academic Staff Member**

Time Sheet to be signed, emailed as a word document to nhennessy@ucc.ie for UCC approval and then emailed as a pdf to psychology.corkmhs@hse.ie