

**DOCTORAL PROGRAMME IN CLINICAL PSYCHOLOGY**  
NATIONAL UNIVERSITY OF IRELAND, GALWAY

# Time Sheet

Ref 01/07

**TRAINEE NAME:** \_\_\_\_\_

**WEEK ENDING:** \_\_\_\_\_  
(e.g. Friday, 17<sup>th</sup> August 2007)

**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
<b>MONDAY</b>	7			
<b>TUESDAY</b>	7			
<b>WEDNESDAY</b>	7			
<b>THURSDAY</b>	7			
<b>FRIDAY</b>	7			
<b>TOTAL</b>	<b>35</b>			

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 faxed or posted to: Susan Ryan/Colette Marrinan, Mental Health Directorate, at the above address **not later than 10a.m. on each Monday.**  
Fax No. 061-461103