

DUE MONDAY BEFORE 3:00 PM CT

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Employee Name

Employee Signature *

* By signing, the employee certifies that the hours listed below are true and correct

Date

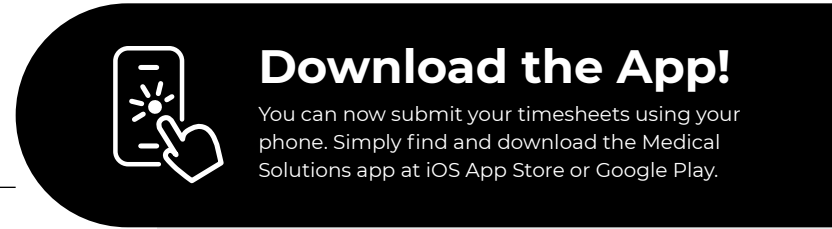
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Hospital / Facility

Authorized Client Facility Signature *

Date

* By signing, the client certifies that the hours listed below are true and correct, and will pay according to the hours listed below.



You can email & fax your timesheet too!
Email: timesheet@medicalsolutions.com
Fax: 866.357.2102

Regular Hours (Please show time worked in military time)

	Date	Time in	Lunch out	Lunch in	No lunch	Time out	Total hours	Campus	Reason short guaranteed hours <small>circle one</small>	Comments
WED		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
THURS		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
FRI		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
SAT		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
SUN		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
MON		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
TUES		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	

If guaranteed hours are not met, please specify reason:

Comments:

	Call Hours				Total on call	Call Back			Total call back	Call back Reason
	Date	Time in	Lunch out			Date	Time in	Time out		
WED		:	:				:	:		
THURS		:	:				:	:		
FRI		:	:				:	:		
SAT		:	:				:	:		
SUN		:	:				:	:		
MON		:	:				:	:		
TUES		:	:				:	:		

- Instructions**
1. Please be sure to list all in and out times including lunch times, not just total hours worked.
 2. Please note any exceptions in the space marked comments (no lunch, stayed late on case, left early, sent home by hospital, etc.).
 3. Time is calculated by actual in/out times and is not rounded unless specified by hospital protocol.
 4. Show time worked in MILITARY TIME please.
 5. Undocumented lunch breaks will be deducted @1/2 hour per day unless noted (no lunch).

