

Traveler Time Sheet

Traveler Name: _____

Hospital: _____

Instructions:

1. Please be sure to list all in and out times, not just total hours including lunch times
2. Please note any exceptions in the space marked notes (no lunch, stayed late on case, left early, sent home by hospital, etc.)
3. Please be sure to have timesheet signed by supervisor
4. Show time worked in military time, quarter hour increments as shown in the table below.

Day of Week	Date	Work Hours		Check if <u>no</u> Lunch	Lunch		Total Work Hours	Total On-Call Hours	Call Back		Total Call Back Hours	Notes
		In	Out		Out	In			In	Out		
Sunday				<input type="checkbox"/>								
Monday				<input type="checkbox"/>								
Tuesday				<input type="checkbox"/>								
Wednesday				<input type="checkbox"/>								
Thursday				<input type="checkbox"/>								
Friday				<input type="checkbox"/>								
Saturday				<input type="checkbox"/>								
Total												

Fax to: 1-866-688-5929

Must be received by 3:00pm each Monday

Employee Signature

Date

Hospital Signature

Date

By signing, the Client agrees that the hours listed above are true and correct, and will be paid according to the times listed above.

1:00 AM = 1	1:00 PM = 13
2:00 AM = 2	2:00 PM = 14
3:00 AM = 3	3:00 PM = 15
4:00 AM = 4	4:00 PM = 16
5:00 AM = 5	5:00 PM = 17
6:00 AM = 6	6:00 PM = 18
7:00 AM = 7	7:00 PM = 19
8:00 AM = 8	8:00 PM = 20
9:00 AM = 9	9:00 PM = 21
10:00 AM = 10	10:00 PM = 22
11:00 AM = 11	11:00 PM = 23
Noon = 12	Midnight = 24
15 past the hour = 15	
30 past the hour = 30	
45 past the hour = 45	