

# DUE MONDAY BEFORE 3:00 PM CENTRAL



**EMAIL TIMESHEETS TO:**  
timesheet@medicalsolutions.com

|               |                     |      |
|---------------|---------------------|------|
|               |                     |      |
| employee name | employee signature* | date |

\* by signing, the employee certifies that the hours listed below are true and correct.

|                   |                                       |      |
|-------------------|---------------------------------------|------|
|                   |                                       |      |
| 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.



## REGULAR HOURS (PLEASE SHOW TIME WORKED IN MILITARY TIME)

|                       | date | time in | lunch out | lunch in | no lunch                                      | time out | total hours | campus | unit | reason for call-off<br>circle one | comments |
|-----------------------|------|---------|-----------|----------|---|----------|-------------|--------|------|-----------------------------------|----------|
| fri                   |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| sat                   |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| sun                   |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| mon                   |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| tues                  |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| wed                   |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| thurs                 |      | :       | :         | :        | check if<br>no lunch <input type="checkbox"/> | :        |             |        |      | hospital / personal               |          |
| <b>TOTAL FOR WEEK</b> |      |         |           |          |   |          |             |        |      |                                   |          |

IF GUARANTEED HOURS ARE NOT MET, PLEASE SPECIFY REASON\*\*\*

|          |
|----------|
| comments |
|----------|

## CALL HOURS

|                               | date | on call |          | total on call |
|-------------------------------|------|---------|----------|---------------|
|                               |      | time in | time out |               |
| fri                           |      | :       | :        |               |
| sat                           |      | :       | :        |               |
| sun                           |      | :       | :        |               |
| mon                           |      | :       | :        |               |
| tues                          |      | :       | :        |               |
| wed                           |      | :       | :        |               |
| thurs                         |      | :       | :        |               |
| <b>TOTAL ON CALL FOR WEEK</b> |      |         |          |               |

|                                 | call back |          | total call back | call back reason |
|---------------------------------|-----------|----------|-----------------|------------------|
|                                 | time in   | time out |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
|                                 | :         | :        |                 |                  |
| <b>TOTAL CALL BACK FOR WEEK</b> |           |          |                 |                  |



**EMAIL**

timesheet@medicalsolutions.com

## ATTENTION TRAVELERS

Timesheets without supervisor signatures will not be processed. All timesheets must be emailed or faxed to Medical Solutions by **MONDAY 3:00 pm central**. If you have any questions, please contact your Career Consultant.

### 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).



**FAX**

866.357.2102