

# 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 circle one	comments
sat		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
sun		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
mon		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
tues		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
wed		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
thurs		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
fri		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
<b>TOTAL FOR WEEK</b>											

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

comments
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## CALL HOURS

	date	on call		total on call
		time in	time out	
sat		:	:	
sun		:	:	
mon		:	:	
tues		:	:	
wed		:	:	
thurs		:	:	
fri		:	:	
<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