

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
thurs		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
fri		:	:	:	check if no lunch <input type="checkbox"/>	:				hospital / personal	
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	
TOTAL FOR WEEK											

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

comments

CALL HOURS

	date	on call		total on call
		time in	time out	
thurs		:	:	
fri		:	:	
sat		:	:	
sun		:	:	
mon		:	:	
tues		:	:	
wed		:	:	
TOTAL ON CALL FOR WEEK				

	call back		total call back	call back reason
	time in	time out		
	:	:		
	:	:		
	:	:		
	:	:		
	:	:		
	:	:		
	:	:		
TOTAL CALL BACK FOR WEEK				



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