

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 |
|-----------------------|------|---------|-----------|----------|---|----------|-------------|--------|------|-----------------------------------|----------|
| 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 | |
| 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 | |
| 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 | |
| tues | | : | : | |
| wed | | : | : | |
| thurs | | : | : | |
| fri | | : | : | |
| sat | | : | : | |
| sun | | : | : | |
| mon | | : | : | |
| 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