

DUE MONDAY BEFORE 3:00 PM CT

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Employee Name

Employee Signature *

* By signing, the employee certifies that the hours listed below are true and correct

Date

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Hospital / Facility

Authorized Client Facility Signature *

Date



Download the App!

Submit your timesheets using your phone. Simply find and download the Medical Solutions app at iOS App Store or Google Play.

* 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 | Reason short guaranteed hours <small>circle one</small> | Comments |
|-----|------|---------|-----------|----------|--|----------|-------------|--------|--|----------|
| MON | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| TUE | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| WED | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| THR | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| FRI | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| SAT | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |
| SUN | | : | : | : | Check if no lunch <input type="checkbox"/> | : | | | cancelled / volunteered to leave / sick / personal | |

If guaranteed hours are not met, please specify reason:

Comments:

| Call Hours | | On call | | Total on call | Call Back | | | Total call back | Call back Reason |
|------------|--|---------|----------|---------------|-----------|---------|----------|-----------------|------------------|
| Date | | Time in | Time out | | Date | Time in | Time out | | |
| MON | | : | : | | | : | : | | |
| TUE | | : | : | | | : | : | | |
| WED | | : | : | | | : | : | | |
| THR | | : | : | | | : | : | | |
| FRI | | : | : | | | : | : | | |
| SAT | | : | : | | | : | : | | |
| SUN | | : | : | | | : | : | | |

- 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).