

# DUE MONDAY BEFORE 3:00 PM CT

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



## Download the App!

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

REV09.2023

\* 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 check one	Comments
TUE		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
WED		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
THU		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
FRI		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
SAT		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
SUN		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
MON		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	

If guaranteed hours are not met, please specify reason:

Comments:

### Call Hours

	Date	Time in	Time out	Total on call
TUE		:	:	
WED		:	:	
THU		:	:	
FRI		:	:	
SAT		:	:	
SUN		:	:	
MON		:	:	

### Call Back

	Date	Time in	Time out	Total call back	Call back Reason
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		

- 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.

**Medical  
Solutions™**