



**Instructions:**

1. Be sure to list ALL in & out times including meal breaks. Must be listed in military time format.
2. All missed meals must be approved by client on the comment line for that day.
3. Note any exceptions in the comments section (no meal break, stayed late, orientation).
4. Time is calculated by actual in & out times and is not rounded, unless specified by hospital policy.
5. Fax to 1-888-998-7324 or Email to Timesheets@staffdna.com by 12:00PM CST each Monday.

**Name:** \_\_\_\_\_  
(Please Print)

**Hospital:** \_\_\_\_\_

**Week Ending:** \_\_\_\_\_

**Cost Ctr / Unit:** \_\_\_\_\_

Date	Day	Time In	Lunch	Time Out	Total	On Call Time	Hrs	#	Call Back Time	Hrs	Comments
<i>MM/DD</i>	<i>Example</i>	<i>0700</i>	<i>1100-1130</i>	<i>1530</i>	<i>8</i>	<i>2300-0700</i>	<i>8</i>	<i>1</i>	<i>1900-2300</i>	<i>4</i>	
	Fri										
	Sat										
	Sun										
	Mon										
	Tue										
	Wed										
	Thu										
<b>Total Weekly Hours</b>											

\*\*\*Timesheets will NOT be processed without an authorized client signature\*\*\*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, I certify that all information reflected on this time record is complete and accurate.

**Authorized Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Name:** \_\_\_\_\_  
(Please Print)

Signature of Authorized Client Contact verifies accuracy of hours reported. Client agrees to pay invoice with corresponding approved hours according to the rates and terms previously agreed to in the Customer Agreement and Confirmation for this assignment.

**If scheduled hours are not met, please specify reason below.**

*Example: Monday, Orientation*