



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> | |
| | Mon | | | | | | | | | | |
| | Tue | | | | | | | | | | |
| | Wed | | | | | | | | | | |
| | Thu | | | | | | | | | | |
| | Fri | | | | | | | | | | |
| | Sat | | | | | | | | | | |
| | Sun | | | | | | | | | | |
| Total Weekly Hours | | | | | | | | | | | |

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