



TIME SHEET

Below should be a summary of the hours worked while on assignment for the designated client. We suggest you always keep a detailed log of all daily activities on our "Activity Log" as a back-up. Please fax completed time sheet's to **(877) 907-6576** or return them to your designated consultant via e-mail.

Provider's Name: _____ Date: _____

Client / Facility Name: _____

	Date	Clinic	Clinic Start Time	Clinic End Time	Clinic Total Hours	On-Call	Call Start Time	Call End Time	Call Total Hours	Total Daily Hours
Mon		Y/N				Y/N				
Tue		Y/N				Y/N				
Wed		Y/N				Y/N				
Thu		Y/N				Y/N				
Fri		Y/N				Y/N				
Sat		Y/N				Y/N				
Sun		Y/N				Y/N				

Provider Signature: _____ Date: _____

The provider's signature verifies that all hours on this time sheet are true, accurate and associated with the designated client.

Client Signature: _____ Date: _____

By signing this time sheet, the client representative certifies that they are authorized by client to approve this timesheet. Client signature also verifies that the provider has accurately completed the hours above.

Fax to: (877) 907-6576