



**EMERGENCY MEDICINE TIMESHEET**

6767 Old Madison Pike Suite 690 Huntsville, AL 35806

**Office: 1-800-955-1919 Fax: 1-256-382-6482**

Provider #: _____
Job ID #: _____
Assign. #: _____
Timesheet #: _____

**Provider Name:** \_\_\_\_\_

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

(payroll weeks end on Sunday)

**Worksite:** \_\_\_\_\_

<b>DATES WORKED:</b>	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
<b>ACTUAL HOURS WORKED:</b>							
Starting Hour:							
Ending Hour:							
<b>Total Regular Hours Worked (minus time taken for lunch):</b>							

<b>OVERTIME/CALL BACK HOURS:</b>							
Starting Hour:							
Ending Hour:							
<b>Total Overtime hours:</b>							

*\*Only list ACTUAL HOURS WORKED.*

*\*\*If multiple start and end times, please write small.*

<b>Weeknight Call (Beeper): (Please mark)</b>	Yes <input type="checkbox"/> <input type="checkbox"/> No	Yes <input type="checkbox"/> <input type="checkbox"/> No	Yes <input type="checkbox"/> <input type="checkbox"/> No	Yes <input type="checkbox"/> <input type="checkbox"/> No	Yes <input type="checkbox"/> <input type="checkbox"/> No		
<b>Weekend Call: (Please mark)</b>						Yes <input type="checkbox"/> <input type="checkbox"/> No	Yes <input type="checkbox"/> <input type="checkbox"/> No

**PLEASE SIGN (Physician and client representative are required):**

*Client approved timesheets are due by noon each Monday. Submit your expense receipts along with your D&Y expense form for any auto rental, airline, lodging and approved miscellaneous expenses for reimbursement.*

• If personal auto was used, mileage incurred \_\_\_\_\_

\_\_\_\_\_  
Locum Tenens Provider

\_\_\_\_\_  
Client Representative Approval

If you have any questions or concerns regarding this timesheet, please contact:  
**Wyndy Anderson at 1-800-955-1919 Extension 5354**  
**Please fax timesheet to 256-382-6482**