



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

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

OVERTIME/CALL BACK HOURS:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
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"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Weekend Call: (Please mark)</b>						Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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:  
**Shona Smith at 1-800-955-1919 Extension 5428**  
**Please fax timesheet to 256-382-6482**