D&Y
locum tenens
permanent placement

PEDIATRICS 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:							
Total Regular Hours Worked (*minus time taken for lunch*):							

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

Only list ACTUAL HOURS WORKED.
****If multiple start and end times, please write small.***

Weeknight Call (Beeper): (Please mark)	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐	Yes☐ No☐		
Weekend Call: (Please mark)						Yes☐ No☐	Yes☐ No☐

PLEASE SIGN (Physician and client representative are required):

Client approved timesheets are due by <u>noon each Monday</u>. *Submit your expense receipts <u>along with</u> 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