



locum tenens permanent placement

HOSPITALIST TIMESHEET
6767 Old Madison Pike Suite 690 Huntsville, AL 35806
Office: 1-800-955-1919 Fax: 1-256-382-6485

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

Provider Name: _____

Week Ending: _____

(payroll weeks end on Sunday)

Worksite: _____

Table with 8 columns (Mon-Sun) and 4 rows: DATES WORKED, ACTUAL HOURS WORKED (Starting/Ending), Total Regular Hours Worked.

Table with 8 columns (Mon-Sun) and 3 rows: OVERTIME/CALL BACK HOURS (Starting/Ending), Total Overtime hours.

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

Table with 8 columns (Mon-Sun) and 3 rows: Weeknight Call (Beeper), Weekend Call, In House Call w/ Beeper.

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: _____

*****all medical records have been completed*****

THE FOLLOWING SIGNATURES ARE MANDATORY – PLEASE USE ONE TIMESHEET PER FACILITY

Locum Tenens Provider

Client Representative Approval

If you have any questions or concerns regarding this timesheet, please contact:

Ashley Payne @ 1-800-955-1919 ext. 5334

Fax # 256-382-6485 or DYtimesheet_2@dystaffing.com