



locum tenens permanent placement

HOSPITALIST TIMESHEET
6767 Old Madison Pike Suite 690 Huntsville, AL 35806
Office: 1-800-955-1919 Fax: 1-256-382-6497

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

Provider Name: _____

Week Ending: _____

(payroll weeks end on Sunday)

Worksite: _____

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

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

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

Table for call status with 8 columns and 3 rows: Weeknight Call (Beeper), Weekend Call, In House Call w/ Beeper.

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:
Amy Kunselman at 1-800-955-1919 Extension 5353
Please fax timesheet to 256-382-6497