



locum tenens permanent placement

OB/GYN 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., Tues., Wed., Thur., Fri., Sat., Sun.) and 4 rows (ACTUAL HOURS WORKED, Starting Hour, Ending Hour, Total Regular Hours Worked).

Table with 8 columns (OVERTIME/CALL BACK HOURS, Starting Hour, Ending Hour, Total Overtime hours) and 3 rows (ACTUAL NUMBER OF HOURS IN DELIVERIES EACH DAY).

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

Table with 8 columns (Weeknight Call, Weekend Call) and 2 rows (Weeknight Call, Weekend Call) with Yes/No checkboxes.

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 OR

DYtimesheet_1@dystaffing.com