



PRIMARY CARE TIMESHEET
 6767 Old Madison Pike Suite 690 Huntsville, AL 35806
Office: 1-800-955-1919 Fax: 1-256-382-1705

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 <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"/>		
Weekend Call: (Please mark)						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:
Shawdee Satchell at 1-800-955-1919 Extension 5330
Please fax timesheet to 256-382-1705