



locum tenens permanent placement

RADIOLOGY 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: \_\_\_\_\_

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) 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 with 8 columns and 3 rows (Weeknight Call, Weekend Call, Number of Teleradiology Cases Read).

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