Employee Name | Employee Signature | Date

Hospital/Facility | Authorized Supervisor Signature* | Date

*By signing the employee certifies that the hours listed below are true and correct

*By signing the supervisor certifies that the hours listed below are true and correct

Analytics Medical Staffing

| | Date | Time In | Lunch Out | Lunch In | No Lunch | Time Out | Total Hours | Campus | Unit | Reason for Call-Off (circle one) | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sun** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Mon** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Tue** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Wed** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Thu** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Fri** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |
| **Sat** | | : | : | : | Check if no lunch | : | | | | Hospital / Personal | |

**Total for Week**

**IF GUARENTEED HOURS ARE NOT MET, PLEASE SPECIFY REASON*"****

Comments:

## CALL HOURS:

ON CALL

| | Date | Time In | Time Out | Total On-Call Hours |
|---|---|---|---|---|
| **Sun** | | : | : | |
| **Mon** | | : | : | |
| **Tue** | | : | : | |
| **Wed** | | : | : | |
| **Thu** | | : | : | |
| **Fri** | | : | : | |
| **Sat** | | : | : | |

**Total On-Call for Week**

CALL BACK

| Time In | Time Out | Total Call Back | Call Back Reason |
|---|---|---|---|
| : | : | | |
| : | : | | |
| : | : | | |
| : | : | | |
| : | : | | |
| : | : | | |
| : | : | | |

**Total Call Back for Week**

**Send Completed and Signed Timesheets to PAYROLL@ANALYTICSMEDSTAFF.COM**