Employee Name | Employee Signature | Date

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

Hospital/Facility | Authorized Supervisor Signature* | Date

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

Analytics Medical Professionals

	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@analyticsstaffing.com