Employee Name | Employee Signature | Date

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

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
Sun		:	:	:	Check if no lunch	:	
Mon		:	:	:	Check if no Lunch	:	
Tue		:	:	:	Check if no lunch	:	
Wed		:	:	:	Check if no lunch	:	
Thu		:	:	:	Check if no lunch	:	
Fri		:	:	:	Check if no lunch	:	
Sat		:	:	:	Check if no lunch	:	

TOTAL FOR WEEK

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