

MedCall North West, Inc.

Staffing Solutions for Hospitals. . .

Travel Opportunities for Medical Professionals

DAILY TIME SHEET

Employee Name: _____

Office Use Only

Client Name: _____

Date	Unit	Time In	Meal Period	Time Out	Total Hours			Special Pay				
					Regular	OT	On Call	Call Back	Charge	H	O	

Timecards must be received by 8:00 a.m. Sunday

Employee Signature: _____

Date: ___/___/___

Client Signature: _____

Charting Keys Drug Count

INSTRUCTIONS: Employee must complete time sheet and obtain client approval for the time worked.

- To ensure accurate payroll and billing, please make sure that hours worked / not worked are properly categorized and accounted for.
- By approving the hours worked on this timesheet, client agrees to pay for the services and that the service was performed in a satisfactory manner.
- Employee certifies that the hours indicated on this timesheet are correct and were approved by an authorized individual employed by the client.

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***Timesheet may be faxed toll free to (866) 930-5000; local fax (509) 374-4958**

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