

Employee Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Week of: \_\_\_\_\_ to \_\_\_\_\_

**REGULAR / OVERTIME HOURS**

Day of Week	Date	Unit	Time In	Time Out	Meal/Lunch	Regular Hours	OT Hours	Holiday Hours	Shifts Not Worked or Cancelled <small>*Please explain reason shift not worked</small>
Sun.									
Mon.									
Tue.									
Wed.									
Thurs.									
Fri.									
Sat.									
<b>TOTAL</b>									

**ON CALL / CALL BACK HOURS**

Day of Week	Date	Unit	On-Call Time In	On-Call Time Out	On-Call Total	Call Back Time In	Call Back Time Out	Call Back Total
Sun								
Mon.								
Tue.								
Wed.								
Thurs.								
Fri.								
Sat.								
<b>TOTAL</b>								

\*Please use this section for any information that may be useful for payroll. Also, explain reasons if you did not work your assigned weekly contractual hours. To ensure accurate payroll and billing, please make sure that hours worked / not worked are properly categorized and accounted for.

Please make sure all times and boxes are complete. You must fill in your lunch break time. If this box is blank we will consider this as a lunch break taken. Place a zero in the box if you did not receive a lunch break.

*Timecards must be received by 8:00 a.m. on Sunday each week*

**FAX TO: 866-930-5000 or Local Fax 509-374-4958**

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- 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.

**TRAVELER WEEKLY TIME SHEET**