

# LOCUM TENENS TIME SHEET

**Medical Provider's Name:** \_\_\_\_\_

**Hospital or Group Name:** \_\_\_\_\_

| Date:<br>(mm/dd) | Regular Hours<br>In / Out | Overtime<br>In / Out | On Call | Call Back<br>In / Out | Holiday<br>In / Out | Mileage |
|------------------|---------------------------|----------------------|---------|-----------------------|---------------------|---------|
| <b>Mon</b>       |                           |                      | Y / N   |                       |                     |         |
| <b>Tues</b>      |                           |                      | Y / N   |                       |                     |         |
| <b>Wed</b>       |                           |                      | Y / N   |                       |                     |         |
| <b>Thurs</b>     |                           |                      | Y / N   |                       |                     |         |
| <b>Fri</b>       |                           |                      | Y / N   |                       |                     |         |
| <b>Sat</b>       |                           |                      | Y / N   |                       |                     |         |
| <b>Sun</b>       |                           |                      | Y / N   |                       |                     |         |

By my signature below, I confirm that all required documentation, including medical records and insurance forms, are complete.

\_\_\_\_\_  
**Medical Provider's Signature** **Date**

\_\_\_\_\_  
**Hospital or Group's Authorizing Signature** **Date**

Please submit timesheet at the end of the assignment period



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