

# TIMESHEET

PLEASE REPORT ALL HOURS WORKED IN .25/HOUR INCREMENTS

Provider Name (please print)							Payroll Period Ending:			
Worksite Name and Location:							Check remit address (if different than payroll):			
Month	Date	Start/Stop Time	Day Hours	Night Hours	OT Hours	Total Hours Worked	On-Call Hours	Callback Hours	Explanation For Callback and/or OT Hours	
<b>TOTALS</b>										

**TIMESHEET NOTICE:** To ensure that your pay is processed without delay, timesheets and expenses must be submitted no later than the 3rd weekday after the end of the payroll period (15th and 30th of each month). Those timesheets received after the deadline will be processed the following pay period. Client Representative **MUST** sign the timesheet. Unsigned timesheets cannot be processed for payment. In order to be paid for overtime hours, approval must be communicated by a client representative and any overtime hours must be approved by the Client.

**EXPENSES:** Keep your receipts for any expenses you incur as they must be turned in with your timesheet to be reimbursed. All expenses **MUST** be approved by Client in advance - unapproved expenses will not be paid. Provider is liable for any additional expenses incurred outside of provider reimbursement policy or due to changes in flight times or other travel arrangements.

\_\_\_\_\_  
Client Representative Signature                      Print Name, Title and Date

By signing, client is confirming that all dates and hours listed were performed by provider and are billable to the client

\_\_\_\_\_  
Provider Signature

PLEASE FAX OR EMAIL TO:  
Email: [payroll@locumconnections.com](mailto:payroll@locumconnections.com)  
Fax: (404) 448-4482

QUESTIONS OR CONCERNS:  
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