	unt manager:										UP, LLC NG, LLC	FAX NUMBER 1.877.932.5181
	oyee name:						ША	114 140	KJE JIA		id, LLC	
facilit	y name:											
city:				state:								
		yee signature g, the employee certifies the	at the hours listed are true	date e and correct.				•	or signature ne supervisor certifies		ours listed are true and cor	date rect.
REGU	LAR HOURS (P	Please show tim	e worked in m	nilitary time, a	or include A	AM/PM.)						
	date	time in	break 1 out / in	break 2 out / in	no lunch (check box)	time out	toto	al hours	supervisor initials		comments	
sun			1	١								
mor	า		١	١								
tue	5		1	\								
wed	k		1	\								
thur	'S		١	١								
fri			١	١								
sat			١	١								
					TOTAL	FOR WEEK						
CALL HOURS on call					Τ ,	call back 1			all back 2			
<u> </u>	1			total		on book :			<u> </u>		total call	no call back taken
	date	start time	end time	on call	time i	n time o	out	time ii	n time	out	back	(check box)
sun												
mor	ı											
tue	5											
wed	d											
thur	'S											
fri												
sat												
		TOTA	L ON CALL					TOTA	L CALL BA	CK		
1.	All timesheets	must be sent	to the agenc	y by MOND	AY 12:00F	PM. >:		JO#			LA	
<b>S</b> 2.	ONL		SPID			CA						
<ol> <li>2. Please be sure to list all in and out times including lunch times, not just total hours worked.</li> <li>3. Please note any exceptions with the date in the space marked "comments". Reasons could in stayed late on case, left early by choice, sent home by hospital, department closed, etc.</li> <li>4. Time is calculated by in/out times and is rounded based on hospital policy.</li> <li>5. When On Call but no Call Back is taken, please check the box to the far right for that day.</li> </ol>						clude: Щ		•			PD	
stayed late on case, left early by choice, sent home by hospital, department closed, etc.												
4. Time is calculated by in/out times and is rounded based on hospital policy.										<u> </u>		
—	When On Call but no		•	_	-	GENCY USE						
6.	If more than 2 Call Bo	acks are taken, plea	ise use the addition	al page included ir	n this packet.	9	1					

account manager:								
employee name:								
facility name:								
city:	state:							
employ	ee signature date							
*by signing, t	*by signing, the employee certifies that the hours listed are true and correct.							



account ma	nager:					Annual Professional Professiona Professional Professional Professional Professional Professiona	IIIAN ME				AX NUMBER
employee name:							TITAN NU	RSE STAF	FING,		1.877.932.5181
facility name	e:				_						
city:				state:							
employee signature *by signing, the employee certifies that the hours listed are				date re true and correct.				sor signature the supervisor certifies the	date are true and correct.		
ADDITIONAL	L CALL BACK	_	7			•			7		
date	time in	time out		time in	time out		time in	time out		time in	time out
									]		
									1		
			l I								
									1		
			]						]		
			<u> </u>						1		
			ł						4		

## 1. All timesheets must be sent to the agency by MONDAY 12:00PM.

- 2. Please be sure to list all in and out times including lunch times, not just total hours worked.
- 3. Please note any exceptions with the date in the space marked "comments". Reasons could include: stayed late on case, left early by choice, sent home by hospital, department closed, etc.
- 4. Time is calculated by in/out times and is rounded based on hospital policy.
- 5. Show time worked in military time or include AM/PM for accurate processing.
- 6. If more than 2 Call Backs are taken, please use the additional page included in this packet.

(	ハ
•	_
4	_
(	Э
	_
ŀ	_
Ì	ر
	┑
	_
(	Y
ŀ	_
(	ハ
-	7
	╘