account manager: _____

employee name: _____

facility name: _____

city: _____ state: _____

_____
| employee signature | date |
*by signing, the employee certifies that the hours listed are true and correct.

TITAN MEDICAL GROUP, LLC
TITAN NURSE STAFFING, LLC

FAX NUMBER
1.877.932.5181

| supervisor signature | date |
*by signing, the supervisor certifies that the hours listed are true and correct.

REGULAR HOURS (Please show time worked in military time, or include AM/PM.)

	date	time in	break 1 out / in	break 2 out / in	no lunch (check box)	time out	total hours	supervisor initials
sun			\	\	☐			
mon			\	\	☐			
tues			\	\	☐			
wed			\	\	☐			
thurs			\	\	☐			
fri			\	\	☐			
sat			\	\	☐			
					TOTAL FOR WEEK			

comments

CALL HOURS

	on call				call back 1		call back 2			no call back taken (check box)
	date	start time	end time	total on call	time in	time out	time in	time out	total call back	
sun										☐
mon										☐
tues										☐
wed										☐
thurs										☐
fri										☐
sat										☐
	TOTAL ON CALL						TOTAL CALL BACK			

INSTRUCTIONS

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. When On Call but no Call Back is taken, please check the box to the far right for that day.

6. If more than 2 Call Backs are taken, please use the additional page included in this packet.

AGENCY USE ONLY

JO # _____
SPID _____

LA _____
CA _____
PD _____
TFH _____

_____ _____
_____ _____

ADDITIONAL CALL BACK

date	time in	time out	time in	time out	time in	time out	time in	time out

INSTRUCTIONS

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.