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Employee Name:				_	Office Use Only							
Clie	nt Name:											
					7	otal Hours		Special Pay				
	Date	Unit	Time In	Time Out	Regular	ОТ	On Call	Call Back	Charge	Hol	Other	
	Meal Pe	riod	Missed	Meal?		R	eason Cod	le for Miss	ed Meal	<u> </u>		
			□Yes	□ No	□ Unfore	seeable Ei	mergency	□ No co (adverse	•	Couldn't st pt care)	tep away	
			<mark>Time</mark>	cards <u>must</u> be	received by	<mark>8:00 a.m. :</mark>	Sunday					
Emı	ployee Signature:					Dat	e: <i>J</i>	/				
	, ,											
Cli	Client Signature: Charting Keys Drug Count											
	INSTRUCTIONS: Employee must complete time sheet and obtain client approval for the time worked.											
	 To ensure accurate payroll and billing, please make sure that hours worked / not worked are properly categorized and accounted for. 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. 											
•	 By approving the nours worked on this timesheet, cheft 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. If Meal Period section left blank, we will count it as taken. Employees are expected to take meal and rest breaks as directed by Client Facility. 											
84			ik, we will count	it as taken. Empl	oyees are exp	ected to tak	e meal and r	est breaks as	directed b	y Client Fac	cility.	
	MedCall North West, Inc. *Timesheet may be faxed toll free to (866) 930-5000; local fax (509) 374-4958											
	Travel Opportunities for Medical Professionals											
Em	ployee Name:							Office Use	Only			
Clie	ent Name:											
Г						Total Hours Special Pay						
	Date	Unit	Time In	Time Out	Regular	ОТ	On Call	Call Back	Charge	Hol	Other	
	Meal Period Missed Meal? Reason Code for Missed Meal											
			Yes	□ No	Unfore	☐ Unforeseeable Emergency			□ No coverage/ Couldn't step away			
L	(adverse effect on pt care)											
Timecards must be received by 8:00 a.m. Sunday												
Emį	ployee Signature:					Dat	e:/					
									_			
Cli	ent Signature			st complete tim			_	Keys I for the time				
	<u></u>			Jopicte till								
•	To ensure accura	ate payroll and b	oilling, please ma	ke sure that hou								
•	To ensure accura By approving the Employee certifi	hours worked	on this timeshee	t, client agrees to	rs worked / no	ot worked ar ervices and t	e properly cathat the serv	ategorized ar ice was perfo	nd accounte ormed in a	ed for. satisfactory		

MedCallNorthWest, Inc.
Staffing Solutions for Hospitals...
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