



TIME SHEET

At the **END** of the week FAX to: **(562) 499-2192**
(Fax Timesheet in at the end of your last shift each week)

Last Name: _____ First Name: _____ Worksite Ph#: _____
 Week Beginning: _____ Week Ending: _____ Message #: _____
 Client/Hospital Name: _____ City: _____ State: _____

Date	Time In	Time Out	Hours Worked	Other Hours	Type of Service (see key)	Comments/Notes:
Mon						
	Lunch Period:					
Tues						
	Lunch Period:					
Wed						
	Lunch Period:					
Thurs						
	Lunch Period:					
Fri						
	Lunch Period:					
Sat						
	Lunch Period:					
Sun						
	Lunch Period:					
Total						
Hours						

I hereby acknowledge that the hours indicated on this document are correct and that the work was performed by the above named worker. It is understood that should the worker be employed by my company or any affiliate on any permanent position, I will pay the permanent fee set forth in the Client Agreement. The signature below constitutes acceptance for billing purposes.

Your Signature: _____ Date: _____

SERVICE KEY

- | | |
|------------------------------------|-----------------------------------|
| AN Admitting | MGT Director/Interim Mgt |
| AS Assembly | MPI MPI Maintenance |
| AU Record Audits | MS Medical Staff |
| BH Business Office | MR Medical Records |
| CA Coding & Abstracting | OT Other |
| CL Clerical/General | PI Quality Improvement |
| CN Consultation | ROI Release of Information |
| CR Cancer Registry Support | SP Special Projects |
| FL Filing/Loose Filing | HOL Holiday |
| JP JCAHO Survey Preparation | PTO Paid Time Off |

Client Approval (Signature)

Print Name & Title

Date

Via FAX (562) 499-2192	Holiday:	Doubletime:	Other (Specify):	Initials:
OFFICE: 11 Golden Shore, Suite 360 Long Beach, CA 90802				