



TIME SHEET

Important Information:

Hayes Locums uses time sheets to help track the hours worked for clinic and on-call assignments. Below should be a summary of the regular and overtime hours worked for the designated client. We suggest that our physicians keep a detailed log of their daily activity as a back-up to their time sheets.

To ensure timely payment, please complete and return this time sheet by Monday at 12:00pm EST.

Time sheets can be filled out electronically & emailed directly to your consultant.

Physician Name: _____ Date: _____

Facility Name: _____ Location: _____

	Date	Clinic	Clinic Start Time	Clinic End Time	Clinic TOTAL	On-Call	Call Start Time	Call End Time	Call Back TOTAL	Total Hours WORKED
Mon		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Tues		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Wed		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Thurs		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Fri		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Sat		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Sun		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				

	Date	Clinic	Start Time	End Time	Clinic TOTAL	On-Call	Start Time	End Time	Call Back TOTAL	Total Hours WORKED
Mon		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Tues		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Wed		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Thurs		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Fri		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Sat		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				
Sun		Yes <input type="checkbox"/>				Yes <input type="checkbox"/>				

Physician Signature: _____ Date: _____

The physician's signature verifies that all the hours on this time sheet are true, accurate and associated with the designated client.

Facility Signature: _____ Date: _____

By signing this time sheet the client representative certifies that he/she is authorized by the client to approve this time sheet. In addition, the client's signature verifies that the provider has accurately completed this time sheet and charts and worked the hours reported above.

To ensure timely payment, please have your time sheet fax by Monday 12pm EST

Fax to: (888) 607-1779