

# DUE MONDAY BEFORE 12:00 PM EST



A Joint Commission Certified Agency

\* By signing, the client certifies that the hours listed below are true and correct, and will pay according to the hours listed below.

Employee Name	Employee Signature *	Date
* By signing, the employee certifies that the hours listed below are true and correct		
Hospital / Facility	Authorized Client Facility Signature *	Date

## Regular Hours (Please show time worked in military time)

	Date	Time in	Lunch out	Lunch in	No lunch	Time out	Total hours	Campus	Reason short guaranteed hours <small>circle one</small>	Comments
SUN		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
MON		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
TUES		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
WED		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
THR		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
FRI		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	
SAT		:	:	:	Check if no lunch <input type="checkbox"/>	:			cancelled / volunteered to leave / sick / personal	

If guaranteed hours are not met, please specify reason:

Comments:

Call Hours		On call		Total on call	Call Back			Total call back	Call back Reason
Date		Time in	Time out		Date	Time in	Time out		
SUN		:	:			:	:		
MON		:	:			:	:		
TUES		:	:			:	:		
WED		:	:			:	:		
THR		:	:			:	:		
FRI		:	:			:	:		
SAT		:	:			:	:		

- Instructions**
1. Please be sure to list all in and out times including lunch times, not just total hours worked.
  2. Please note any exceptions in space marked comments (no lunch, stayed late on case, left early, sent home by hospital, etc.).
  3. Time is calculated by actual in/out times and is not rounded unless specified by hospital protocol.
  4. Show time worked in MILITARY TIME please.
  5. Undocumented lunch breaks will be deducted @1/2 hour per day unless noted (no lunch). If meal breaks are missed, approvals are required and must be clearly noted.
  6. Upload to the leap portal or email to [timesheets@medsourcetravelers.com](mailto:timesheets@medsourcetravelers.com)

Attention MedSource Employees  
 If the facility utilizes an automated time-keeping system, final approval of hours will derive from the time report. It is your responsibility to ensure you are properly documenting your time within the facility's time-keeping system. In the event of discrepancies, the automated reports prevail and adjustments will be made. <sup>TM</sup>