



A Medical Staffing Network Company

Weekly Time Sheet

Name: _____ S.S.#: **X X X - X X -** ____ - ____ - ____ - ____

Paycheck Address: _____

City, State, Zip: _____

Fax completed form to **800.888.0931**

Hospital: _____

Day	Date	Time In		Lunch/Dinner		Time Out		On Call		Call Back		
		In	pm	In	Out	pm	am	In	Out	In	Out	
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours
Unit_____		am	pm	am	pm	am	pm	am	pm	am	pm	<input type="checkbox"/> Charge __Low Census Hours

Please be sure you and your supervisor sign your timesheet. InteliStaf Travel offices must receive Timesheets by **12pm (CST) Tuesday**. Timesheets received after 12pm will be paid the following week.

Employee Signature Date

Client Signature Date

If total hours were less than 36 during this week, explain below (i.e. approved vacation, sick, etc.)

