

DUE MONDAY BEFORE 3:00 PM CT

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



Download the App!

Submit your timesheets using your phone. Simply download the Medical Solutions app at iOS App Store or Google Play.

REV09.2023

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

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 check one	Comments
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	
		:	:	:	Check if no lunch <input type="checkbox"/>	:			<input type="checkbox"/> cancelled <input type="checkbox"/> volunteered to leave <input type="checkbox"/> sick <input type="checkbox"/> personal	

If guaranteed hours are not met, please specify reason:

Comments:

Call Hours

	Date	On call		Total on call
		Time in	Time out	
		:	:	
		:	:	
		:	:	
		:	:	
		:	:	
		:	:	
		:	:	

Call Back

	Date	Time in	Time out	Total call back	Call back Reason
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		
		:	:		

- 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 the 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.

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