DUE MONDAY BEFORE 3:00 PM CT

Download the App!

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

REV09.2023

Employee Name	Employee Signature *	Date

* By signing, the employee certifies that the hours listed below are true and correct

Hospital / Facility	Authorized Client Facility Signtature *	Date

* 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
FRI		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
SAT		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
SUN		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
MON		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
TUE		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
WED		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	
THU		:	:	:	Check if no lunch ☐	:			☐ cancelled ☐ volunteered to leave ☐ sick ☐ personal	

If guaranteed hours are not met, please specify reason:

Comments:

Call Hours

	Date	On call Time in	On call Time out	Total on call
FRI		:	:	
SAT		:	:	
SUN		:	:	
MON		:	:	
TUE		:	:	
WED		:	:	
THU		:	:	

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.

Medical Solutions™