QUALITY
TEMP STAFFING
MEDICAL STAFFING SPECIALISTS

EMPLOYEE ON-CALL TIMESHEET

Employee Name: _____ **Job Title:** _____

Facility Name: _____ **Pay Period:** _____

WORK DAY	Date	SB Start - End	Total SB	CB 1 In-Out	CB 2 In-Out	CB 3 In-Out	Total CB hrs	Deduct CB hrs from SB hrs	Total Exams	Cxl Exams
Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										
							Totals:			
Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										
							Totals			
Sun.										
Mon.										
Tues.										
Wed.										
Thurs.										
Fri.										
Sat.										
							Totals:			

Fax or email timesheet before 9:00am to (818) 831-1126 / email@qualitytempstaffing.com

Grand Totals

Callback Patient Information *SB (Standby) *CB (Callback) * Cxl (Cancelled)

Date	Person that called in Exam (Name, Title, Department)	Exam/Study	Routine or STAT

I certify that I have provided complete and accurate information by signing this timesheet. I understand that it is against company policy to provide false or incomplete information on timesheets.

Employee Approved Signature **Date** **Facility Supervisor Approved Signature**

- Please complete a **NEW** timesheet for each facility.
- **Timesheets are due by 9:00am** on the **1st** and the **16th** day of each month.

QTS Payroll Approved Signature

17737 Chatsworth St #200, Granada Hills, CA 91344 | P: (818) 831-1130 | F: (818) 831-1126 | E: email@qualitytempstaffing.com