LiquidAgents HEALTHCARE

For use on California Assignments Only

Instructions: Fill out all sections completely

1. Please be sure to list ALL in & out times including meal breaks. If meal breaks are missed, approvals are required.
2. Please indicate if each 10 minute rest break was taken by writing Y for Yes or N for No in the Rest Break? Column.
3. Please note any exceptions in the comments section (no meal break, stayed late, orientation).
4. Time is calculated by actual in & out times and is not rounded, unless specified by hospital protocol.
5. Show time worked in military time.
6. **Regardless of the facility policy, all LAH employees MUST send in a timesheet by 12pm CST Monday.**
7. **FAX to 1-888-301-8444**

Name: _____
(Please Print)

Week Ending: _____ **Hospital:** _____ **Cost Ctr / Unit:** _____

Date	Day	Time In	Lunch	Time Out	Total	Rest Break?	On Call Time	Hrs	#	Call Back Time	Hrs	Comments
MM/DD	*Example*	*0700*	*1100-1150*	*1550*	*8*	*Y Y*	*2300-0700*	*8*	*1*	*1900-2300*	*4*	
	Fri											
	Sat											
	Sun											
	Mon											
	Tue											
	Wed											
	Thu											
				Total Weekly Hours								

Timesheets will NOT be processed without an authorized client signature
Employees must sign lines 1 and 2 of the completed timesheet

1.) Employee Signature: _____ **Date:** _____
By signing, I certify that all information reflected on this time record is complete and accurate.

2.) Employee Signature: _____ **Date:** _____
I certify that I had no work related injuries during the time-frame indicated on this timesheet.

Authorized Client Signature: _____ **Date:** _____

Authorized Name: _____
(Please Print)
Signature of Authorized Client Contact verifies accuracy of hours reported. Client agrees to pay invoice with corresponding approved hours according to the rates and terms previously agreed to in the Master Services Agreement and Schedule.

If scheduled hours are not met, please specify reason below.
Example: Monday, Orientation

If not direct deposit, circle a delivery option: Regular Mail or FedEx ($35 payroll deduction)
Mailing Address:

Attention LiquidAgents Healthcare 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.

****FOR OFFICE USE ONLY****				
Payroll Department			*Billing Department*	
TOD#	RT	BH	RT	BH
TIMESHEET #	OT	CB	OT	CB
	DT	HOL	DT	HOL

Last Modified December 2016