



- 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 note any exceptions in the comments section (no meal break, stayed late, orientation).
 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.
 5. **Regardless of the facility policy, all LAH employees MUST send in a timesheet by 12pm CST Monday.**
 6. **FAX to 1-888-301-8444**

Name: _____
(Please Print)

Week Ending: _____

Hospital: _____

Cost Ctr / Unit: _____

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

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

If scheduled hours are not met, please specify reason below.

Example: Monday, Orientation

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 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