TIMESHEET

HealthSource

PLEASE PRINT CLEARLY AND ACCURATELY. **FAX TO: (866)908-2914** **PHONE: (800) 458-8973**

NURSE NAME		**NURSE PHONE**		**SUPERVISOR NAME**	
HOSPITAL		**STATE**		**SUPERVISOR PHONE**	

DATE	REIMBURSEMENT	TYPE	AMOUNT	DATE	BONUS	TYPE	AMOUNT

PLEASE ATTACH RECEIPTS FOR REIMBURSEMENTS ***ATTACH BACKUP ON BONUSES***

SPECIALTY		LUNCH	TIME		TOTAL HOURS	ON CALL	CALL IN	OTHER SERVICES	SIGNATURE SUPERVISOR
DATE	UNIT	YES / NO	IN	OUT					
PLEASE TOTAL HOURS FOR EACH DAY OF THE WEEK:									

WHERE DOES YOUR PAYCHECK / PAYSTUB NEED TO BE SENT?

ADDRESS

CITY **STATE / ZIP**

ACCOUNTING / OFFICE USE ONLY

REG	
OT	
DBL	
ON CALL	
CALL IN	
HOLIDAY	

Please fax your timesheet to **(866) 908-2914 by 10AM each Monday.** Paychecks will be distributed every Friday. Late timesheets will be processed with the following weeks payroll.

I CERTIFY THAT THE SUBMITTED INFORMATION IS ACCURATE.

EMPLOYEE SIGNATURE **DATE**