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| Provider Name (please print): | | | | | | | Payroll Period Ending: | | | | | |
|  | | | | | | |  | | | | | |
| Worksite Name & Location: | | | | | | | Check remit address (if different than payroll): | | | | | |
|  | | | | | | |  | | | | | |
| Month | Date | Start/Stop Time | Day Hours | | Night Hours | OT Hours | Total Worked Hours | | On-Call Hours | | Callback Hours | Explanation for Callback and/or  OT Hours |
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| Totals |  |  |  | |  |  |  | |  | |  |  |
| TIMESHEET NOTICE: To ensure that your pay is processed without delay, timesheets and expenses must be submitted no later than the 3rd weekday after the end of the payroll period (15th and last day of each month). Those timesheets received after the deadline will be processed the following pay period. Client Representative MUST sign the timesheet. Unsigned timesheets cannot be processed for payment. In order to be paid for overtime hours, approval must be communicated by a client representative and any overtime hours must be approved by the Client. | | | | | | | | | | | | |
| EXPENSES: Keep your receipts for any expenses you incur as they must be turned in with your timesheet to be reimbursed. All expenses MUST be approved by Client in advance—unapproved expenses will not be paid. Provider is liable for any additional expenses incurred outside of provider reimbursement policy or due to changes in flight times or other travel arrangements. | | | | | | | | | | | | |
|  | | | | | | | | | |  | | |
| Client Representative Signature | | | | Print Name & Title | | | | Date | | Provider Signature | | |
| By signing, client confirms that all dates and hours listed were performed by provider and are billable to the client. | | | | | | | | | | | | |
| Please Fax or Email to: | | | | | | | | Questions or Concerns: | | | | |
| Email: [payroll@locumconnections.com](mailto:payroll@locumconnections.com)  Fax: (404) 448-4482 | | | | | | | | Email: [payroll@locumconnections.com](mailto:payroll@locumconnections.com)  Phone: (678) 722-3466 | | | | |