



Medical Staffers



Please complete timecard with Supervisor signature and fax to **800.807.1963**
Submit by Monday each week by 12:00 p.m. MST. Keep hard copy for your records.

Employee Name:	Title:
Employee Number:	Status:
Department:	Supervisor:

Date	Start Time	Lunch Out	Lunch In	End Time	Regular Hrs.	Overtime Hrs.	On Call Hrs.	Call Back Hrs.	Holiday Hrs.	Total Hrs.
WEEKLY TOTALS:										

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

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