Voyage Solutions

1525 International Parkway, Suite 1011
Heathrow, FL 32746
Phone: 800-798-6035
Fax: 888-235-6035

EMPLOYEE NAME: _____

LAST NAME, FIRST NAME

FACILITY NAME: _____

Please do not abbreviate

	DATE	TIME IN	Meal Time Out	Meal Time In	TIME OUT	Regular Hours	Overtime Hours	Charge Hours	On Call Hours	Call Back Hours	Holiday Hours	Call Off Hours
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
SUNDAY												
					*TOTALS							

If total hours do not equal 40, please indicate why below:

Facility dismissed early
Sick
Planned/Requested time off
Other _____

PLEASE FAX TO 888-235-6035

Failure to fully complete timesheet with all required information may result in a delay in your payroll being processed

Your Timesheet is complete when:

1) Date/Hours are filled in clearly (round to the quarter hour, no military time)

2) Facility name is written in clearly (Please do not abbreviate)

3) Employee name is written clearly (Last Name, First Name)

4) Bottom section completed and signed by both client and employee

5) Timesheet is completed and faxed to 888.235.6035 by Monday @ **Noon**

******This section must be filled out completely prior to faxing to Voyage Solutions******

Facility Authorization:Please verify and write in approved hours	Regular Hours	Overtime Hours	Charge Hours	On Call Hours	Call Back Hours	Holiday Hours	Call Off Hours

Joint Commission Requirement

Employee has satisifacorilly completed work

YES	NO	Please Initial

Client Representative (please print): _____

Client Signature: _____
Client agrees to be invoiced the hours verified on this timesheet

Employee Signature: _____
I certify that the hours shown represent my total hours and were verfied by an authorized representative