



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
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
<b>*TOTALS</b>												

**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

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

Facility dismissed early  
 Sick  
 Planned/Requested time off  
 Other \_\_\_\_\_

**\*\*\*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 satisfactorily 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 verified by an authorized representative*