



1303 E Julian Dr, Gilbert, AZ 85295 | PHONE: 480-843-0651

Timesheets are to be emailed to [timesheets@waywardmedical.com](mailto:timesheets@waywardmedical.com) by Monday at Noon (*central standard time*)

Employee Name:		Recruiter:	
Facility Name:		Facility City / State:	
Department:		Supervisor:	

**Regular Hours**      **Sunday - Saturday**

Week of:	Date	Start Time	End Time	Meal Break	Total Hours	Supervisor initials Shift & OT approval
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
WEEKLY TOTALS						

**On-Call Hours**

Week of:	On-Call In	On-Call Out	Total On-Call	Call Back In	Call Back Out	Total Call Back
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
WEEKLY TOTALS						

Employee Signature: _____	Facility Signature: _____
	Print Name & Title: _____

I certify that the hours were worked by me on the dates designated, hours are true and correct; verified by a representative of the facility.

By signing above, client acknowledges that all hours are true and correct; and has read and agreed to all terms in the client agreement.

**Payroll Information - For Office Use Only**

Per Diem	\$		Reimbursement	\$	
Travel	\$		G.H.		
Stipend	\$		Other	\$	