



EMPLOYEE ON-CALL TIMESHEET

Employee Name: _____

Job Title: _____

Facility Name: _____

Pay Period: _____

Work Day	Date	SB Start - End	Total SB	CB 1 In-Out	CB 2 In-Out	CB 3 In-Out	Total CB hrs	Deduct CB hrs from SB hrs	Total Exams	Cxl Exams
Sun.										
Mon.										
Tues.										
Wed.										
Thur.										
Fri.										
Sat.										
Totals:										

Sun.										
Mon.										
Tues.										
Wed.										
Thur.										
Fri.										
Sat.										
Totals										

Sun.										
Mon.										
Tues.										
Wed.										
Thur.										
Fri.										
Sat.										
Totals:										

Fax or email timesheet before noon to (818) 831-1126 / email@qualitytempstaffing.com

Callback Patient Information *SB (Standby) *CB (Callback) * Cxl (Cancelled)

Grand Totals

Date	Person that called in Exam (Name, Title, Department)	Exam/Study	Routine or STAT

I certify that I have provided complete and accurate information by signing this time sheet. I understand that it is against company policy to provide false or incomplete information on time sheets.

Employee Approved Signature

Date

Facility Supervisor Approved Signature

- Please complete a **NEW timesheet for each facility**.
- **Timesheets are due by noon** on the 1st and the 16th day of each month.

QTS Payroll Approved Signature