

**SIGN IN SHEET** The deadline for sign in sheet is Monday, 12PM PST.

Submit timesheets via email: TS@MEDISCAN.NET or via fax: 818-401-2126

related to this sign in sheet in full.

Employee Name							ool Distr	ict		Department / Profession			
	Date	Time	· In	Lunch	30/60	Tir	ne Out	Regular Time	9	Approved Overtime	Approved Double Time		
									_				
					Tota	al Hours							
							ATION (T	O BE COMPL	ETED BY S	JPERVISOR)			
Quality of Wo	ork:	1 [	2 3	3 <u>4</u>	5 1	N/A		cellent	Comments	:			
Documentation:		H	╡┢	┪┝	iH	Ħ	4 - Very Good 3 - Good						
Clinical Ability:							2 - Fair						
Professionali	Professionalism / Ability:						1 - Poor						
Attendance /	Punctuality:							01					
Modicean Employee Signature*									Superviser/Manager/Director Signature Date			Data	
Mediscan Employee Signature*  Date  Vous signature cortifies that all of the above information is to						truo			Supervisor/Manager/Director Signature Date				
Your signature certifies that all of the above information is and accurate. You certify that no accident or injury was sustawhile at work during the time covered in this sign in sheet, excereported to Mediscan by submitting an accident report before, this sign in sheet. You certify that you have taken your 30-min that the unless of the state						ained			Company in a Management District Name				
reported to Mediscan by submitting an accident report before/with									Supervisor/Manager/Director Print Name  The facility cortifies that: hours shown are correct, work was done				
lunch unless	nis sign in sheet. You certify that you have taken your 30-minutes unch unless otherwise noted and approved by supervisor.									The facility certifies that: hours shown are correct, work was done according to Quality standards, and facility agrees to the terms and conditions of the Mediscan contractual agreement and will pay invoices			

All Sign In Sheets must be signed by a Supervisor. All overtime needs to be preapproved.

www.mediscan.net