



4055 Valley View Lane, Suite 300  
 Dallas, TX 75244  
 214-932-1400 Main  
 214-237-6049 Fax

## Locum Tenens Weekly Timesheet

PHYSICIAN NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

WORK WEEK FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
                           MONTH    DAY    YEAR                            MONTH    DAY    YEAR

DAY	DATE	IN	OUT	LUNCH	REG HOURS	OT HOURS	ONCALL BEEPER	ONCALL CALLBACK HOURS	TOTAL
MON									
TUES									
WED									
THURS									
FRI									
SAT									
SUN									

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**NOTE:**  
 OVERTIME AND ONCALL HOURS ARE NOT PERMITTED UNLESS THIS DOCUMENT IS SIGNED BY THE AUTHORIZED SUPERVISOR. BY SIGNING THIS TIMESHEET, SUPERVISOR IS AUTHORIZING PAYMENT OF ALL REGULAR, OVERTIME AND OTHER HOURS SPECIFIED ON THIS DOCUMENT.

SUPERVISOR SIGNATURE: \_\_\_\_\_

LOCUM PROVIDER SIGNATURE: \_\_\_\_\_

**\*\* Please fax timesheet to 214.237.6049 no later than Tuesday, 12:00 PM CST. You may also email your timesheet to [lisa.burrow@medestar.com](mailto:lisa.burrow@medestar.com). \*\***