

MDI Medical

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Norcross, GA 30092
888-416-7949
www.mdimedical.com

Employee Name _____

Facility _____

Week Ending _____
(Saturday's date)

NEW **TIMESHEET FAX: 866-791-7944**
Timesheets are due Monday at 12 noon EST



Day	Date	Time In	Time Out	Lunch (# minutes)	Regular Hours (not incl. lunch)	Overtime & Holiday Hours
Sunday		:	:			
Monday		:	:			
Tuesday		:	:			
Wednesday		:	:			
Thursday		:	:			
Friday		:	:			
Saturday		:	:			
TOTAL HOURS						

Timesheet instructions:

- Round time to the nearest 1/4 hour.
- Complete the "lunch" column; do not leave it blank.
- On-call & call-back hours are recorded on a separate timesheet.
- If client has an electronic timekeeping system, timesheet hours must match.
- Sign & obtain authorized client representative's signature.
- Fax your timesheet by Monday at 12 noon EST. **Take note of NEW FAX NUMBER.**

- I worked less than 40 hr. due to:
- ___ Client dismissed me early
 - ___ Scheduled time off
 - ___ Illness
 - ___ Other (explain):

Failure to complete your timesheet clearly & correctly or send it by the deadline may delay your paycheck!

By signing below, I certify that these hours were worked and were properly verified by the client. I also certify that no accident or injury was sustained while working on the assignment unless noted in the comments section below.

Employee Signature: _____ Date: _____

By signing below, I certify that the hours are correct as stated and the work was performed in a satisfactory manner. I agree to be invoiced for these hours.

Client Signature: _____ Date: _____

Printed name & title: _____

Comments/Notes: