



Employee Name:	
Facility Name:	
Week Ending:	

Time sheet should be emailed to timesheet@talemed.com each Monday by 1pm EST

If you are unable to email your time sheet, you may fax it to 513.965.4209.

Time sheets received after 1pm EST on Monday may be subject to a \$50 late processing fee.

Regular Hours	Dept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
		Sun		AM PM	AM PM		AM PM	AM PM		
		Mon		AM PM	AM PM		AM PM	AM PM		
		Tues		AM PM	AM PM		AM PM	AM PM		
		Wed		AM PM	AM PM		AM PM	AM PM		
		Thurs		AM PM	AM PM		AM PM	AM PM		
		Fri		AM PM	AM PM		AM PM	AM PM		
		Sat		AM PM	AM PM		AM PM	AM PM		
TOTAL										

Call Hours	Dept/Unit	Day	Date	On Call		On Call Total	Call Back		Call Back Total	Comments
				Time In	Time Out		Time In	Time Out		
				AM PM	AM PM		AM PM	AM PM		
				AM PM	AM PM		AM PM	AM PM		
				AM PM	AM PM		AM PM	AM PM		
				AM PM	AM PM		AM PM	AM PM		
				AM PM	AM PM		AM PM	AM PM		
				AM PM	AM PM		AM PM	AM PM		

Employee Signature:	Date:
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Manager Signature:	Date:
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MY SCHEDULE NEXT WEEK			
Day of the Week	Date	Shift Scheduled	Time Off Scheduled
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

I am scheduled to be on vacation the entire pay week.

PLEASE NOTE: Your weekly time sheet must be completed in its entirety, and **SIGNED BY A NURSE MANAGER**. TaleMed follows all hospital pay week schedules. Any shift cancellation without opportunity of achieving guaranteed hours must be documented on the