



Regardless of the facility policy, all TaleMed employees must send a timesheet each Monday by 1PM EST. Timesheets should be emailed to timesheet@talemed.com. Timesheets received after 1 pm EST on Monday may be subject to a \$50 late fee.

Employee Name: _____
 Week Ending: _____
 Facility Name: _____
 Unit: _____

Please be sure to list ALL in & out times. If meal breaks are missed, approvals are required.
 Please note any exceptions in the comments section (no meal break, stayed late, low census, orientation)
Any shift cancellation without opportunity of achieving contracted hours must be documented on the corresponding date in order for payment to occur.

	Date:	Time In:	Time Out:	Break: (Minutes)	Total Hours Worked:	Involuntary call off/ sent home (Please check)	Comments
<i>Example</i>	01/10	0700 AM PM	1930 AM PM	30	12		
Sun		AM PM	AM PM				
Mon		AM PM	AM PM				
Tues		AM PM	AM PM				
Wed		AM PM	AM PM				
Thur		AM PM	AM PM				
Fri		AM PM	AM PM				
Sat		AM PM	AM PM				

Total Hours:

On-Call

Date:	Time in:	Time Out:	Total Hours:
	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	

Call-Back

Date:	Time in:	Time Out:	Total Hours:
	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	

Your weekly timesheet must be completed in its entirety and signed by a manager. TaleMed follows all facility pay week schedules.

Employee Signature _____ Date: _____

Manager Signature _____ Date: _____