



# WEEKLY TIME SHEET

Time sheet should be emailed to [timesheet@talemed.com](mailto: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.**

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 corresponding date in order for payment to occur.

Employee: \_\_\_\_\_

Facility: \_\_\_\_\_

Pay Week Dates: \_\_\_\_\_

	STANDARD TIME					ON CALL			CALL BACK			Approval: Name/Title	
	Date	Unit/ Floor	Start Time	Meal	End Time	Total Hours	Start Time	End Time	Total Hours	Start Time	End Time		Total Hours
SUN													
MON													
TUES													
WED													
THURS													
FRI													
SAT													
SUN													

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**MY SCHEDULE NEXT WEEK:**

	Date	Shift Scheduled	Time Off Scheduled
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

I certify that the above hours are accurate and true.

I also certify that no injuries occurred.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date