## **Clear Form**

Recruiter:

CQNNECTED	
6 <sup>10</sup>	
	Employee Name
TIMESHEETS ARE DUE MONDAY AT NOON (CT)	

## TIMESHEETS ARE DUE MONDAY AT NOON (CT)

Send to timesheet@connectedhc.com and CC your recruiter

Facility Name

## REGULAR HOURS (PLEASE SHOW TIME WORKED IN MILITARY TIME)

DAT	E TIME IN	TIME OUT	LUNCH	NO LUNCH	TOTAL HOURS	HOME HLTH MIL	REASON FOR CALL OFF	COMMENTS
MON				Check if no lunch			O Hospital O Personal	
TUE				Check if no lunch			O Hospital O Personal	
WED				Check if no lunch			O Hospital O Personal	
THU				Check if no lunch			O Hospital O Personal	
FRI				Check if no lunch			O Hospital O Personal	
SAT				Check if no lunch			O Hospital O Personal	
SUN				Check if no lunch			O Hospital O Personal	
			тот	AL FOR WEEK:	0	0		

Notes:

CALL HOURS					CALL BACK HOURS						
	DATE	TIME IN	TIME OUT	TOTAL ON CALL	TIME IN	TIME OUT		TIME IN	TIME OUT	TOTAL CALL BACK	
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
TOTAL ON CALL FOR WEEK: 0			0	TOTAL CALL BACK FOR WEEK:					0		

## Manager Signature

Employee Signature

Date

Date