



# On Call Timesheet

Employee Name: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Triage On Call			
Month: _____			
Dates:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Rate of reimbursement:			
\$ _____ per week day		\$ _____ per weekend day	
Employee Signature: _____			
For Office Use Only: <input type="checkbox"/> Approved		Signature: _____	

Field On Call			
Month: _____			
Dates:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Field on call occurs on weekend days only!</b>			
Rate of Reimbursement:			
\$ _____ per weekend day of on call status.			
Visits are paid at regular rate for Open/Revisit.			
Hi Tech or PM visits <b>must</b> have payroll adjustment signed before visit will be paid out.			
Employee Signature: _____			
For Office Use Only: <input type="checkbox"/> Approved		Signature: _____	