

## TIME SHEET

PROVIDER NAME:					DISCIPLINE:				
NAME OF FACILITY:					WEEK ENDING:				
DATE	START TIME	LUNCH START TIME	LUNCH END TIME	END TIME	TOTAL HOURS	On-Call?	Call Start Time	Call End Time	Call Back Hours
						Yes			
						Yes			
						Yes			
						Yes			
						Yes			
						Yes			
						Yes			
<b>WEEKLY TOTALS</b>									
<p>I certify that the hours shown above represent my total hours worked and that the client's representative has given approval of documented hours.</p>									
PROVIDER SIGNATURE:							DATE:		
SUPERVISOR SIGNATURE:							DATE:		
<p>Completed time sheets must be faxed, emailed, or texted to the office no later than 12:00 pm noon on Monday . Payment for any time sheet arriving after 12:00 noon on Monday will be delayed payment until the following pay period. Time sheets MUST be signed by the respective provider and client's representative to be considered for payment of services rendered.</p> <p style="text-align: center;">Fax/Text: 770.415.6286 Email: info@revhcs.com</p>									