



TIME SHEET

Calvert Medical Associates
5304- #O Panola Industrial Blvd.
Decatur GA 30035-4065
Phone: 1-800-322-7479-or-770-322-9131
Fax: 1-770-322-8698
Email: calvertmedical@bellsouth.net

Please complete time sheet accordingly

DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	(contractor) SIGNATURE	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Contractor's Name: _____
 (Please Print)

Department: _____

Location: _____

Month: _____ 200 _____

Management Approval:
 The undersigned hereby:
 (1) Certifies that the hours noted are correct and that the work was performed in a satisfactory manner. And
 (2) Confirms prior agreement between Employer with respect to services performed hereunder and any future Services.
 Approved by: _____
 Department Supervisor Signature)
 Date Signed: _____

Remarks: Time sheet must be signed and approved before fees can be forward for Locum Tenens services rendered.

Contact Information

Pager number: () -
Home number: () -
Fax number: () -
Work number:
Social Security / Tax ID number: - -
Email: