

Physician Resources, Inc.

1818 Memorial Drive, Suite 200, Houston, Texas 77007 713-522-5355 x 111 ~ 1-800-522-7707 x 111 ~ Fax 713-522-0744

LOCUM TENENS PHYSICIAN TIME SHEET

DIRECTIONS: Time Sheets must be completed; authorized by CLIENT; and faxed to 713-522-0744 by 12pm noon on Mondays. Payroll is processed only on Mondays. Please record your time by rounding to the nearest fifteen (15) minutes (Ex. 1:00pm; 1:15pm; 1:30pm; 1:45pm, etc). Thank you for your assistance.

LOCUM TENENS PHYSICIAN:					
CLIENT FACILITY:					
DATES	TIME IN	TIME OUT	LUNCH TIME	TOTAL HOURS	OTHER EXPENSES
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
TOTAL HOURS:					
(Please use .25 increme	ents)				
certify that the above info		curate, and confi	med by Client's Sign	ature.	
ocum Tenens Physicia	n Signature		_ . 	Date	
is understood that the ur	ndersigned is auth	CLIENT' orized to verify the	S AUTHORIZATION e above information.		
lient's Signature			Title		
Client's Printed Name			Date		