

Facility	
EMPLOYEE	
RECRUITER	

START OF PERIOD	/	/	END OF PERIOD	/	/
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WORK DAY	START	END	LUNCH DURATION	TOTAL
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
TOTAL HOURS WORKED				

GUIDELINES

- All fields must be completed.
- Time must be entered in military format.
- Lunch minutes must be entered on timecard.
- All times must be rounded to the nearest 15 minutes.
- All time cards must be faxed in by Monday noon (Central Standard Time). Anything after this time will be considered late and will not be paid until the following week.
- Unsigned timecards will not be processed.
- **The above rules are non-negotiable and no exceptions will be made.**

RTG MEDICAL EMPLOYEE
Signature
The above signature represents, to the best of my knowledge, the hours I have worked for the listed week. Misrepresentation may make myself liable to maximum penalty allowed by law.

AUTHORIZED FACILITY
Signature
The above signature approves RTG Medical to bill in full, the contracted hospital for the above stated hours. Failure to comply may make the client facility liable to the maximum penalty allowed by law.

ON-CALL				CALL-BACK			
START	END	TOTAL	START	END	TOTAL	ON-CALL TOTAL	CALL-BACK TOTAL
/	/						
/	/						
/	/						
/	/						
/	/						
/	/						
ON-CALL TOTAL				CALL-BACK TOTAL			