

Please
leave a copy
with the client!



DIAGNOSTEMPS

5050 Quorum Dr. • Suite 312
Dallas, TX 75254

(972) 934-3674

FAX (972) 392-0292

Toll Free FAX (866) 687-9037

For Technologist To Complete

Total Reg hrs.	_____
Total OT hrs.	_____
Total call hrs.	_____

Customer	Address	City
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Employee Name

Regular Hours (Please record in 15 min. increments)

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	Mo.	Day	Mo.	Day	Mo.	Day	Mo.	Day	Mo.	Day	Mo.	Day	Mo.	Day
Time In		am		am		am		am		am		am		am
Time Out		pm		pm		pm		pm		pm		pm		pm
Less Meals														
Total Hrs														

Call Hours

Start Call		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm
End Call		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm		am / pm
Total Hrs														

Callbacks

Please record # of call backs or Time in and Time out														
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Mileage														
Parking	\$		\$		\$		\$		\$		\$		\$	
Per Diem	\$		\$		\$		\$		\$		\$		\$	

Timesheets are due by 10:00 a.m. on Tuesdays

X _____
Technologist Signature Date

I hereby certify that the hours on this sheet are true and correct and that work was performed satisfactorily; that I am authorized to sign this time sheet and that by my signature I have read and reaffirm on behalf of my facility that terms and conditions of the latest agreement with Diagnos Temps and the conditions hereon.

X _____
Authorized Signature of Client Date