

ELITE MEDICAL		Name:					Week End Date:			
		Facility:								
	Date	Time In	Lunch	Time Out	Total	Call Back	Preceptor	On-Call	Charge	
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
			W	eekly Totals						
Employee Signa	ature									
Client Signature	е									
All timesheets sl	hould be sent after	er the last work	ed shift of the	week, no later to	9am Monday	ı ' to ensure your payı	oll is processed on tim	ne*		
	end pictures of yo	our timecard. If				ad and use the free (				
		Con	nments:							