



DIAGNOSTEMPS

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Addison, Texas 75001
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FAX (972) 392-0292
TOLL FREE (866) 934-3674

Total Reg hrs
Total OT hrs
Total call hrs

For Technologist To Complete

Please leave a copy with the client!

Customer Address City

TECHNOLOGIST COMPLETES THIS SECTION
(PLEASE MARK 'HOLD' OR 'MAIL' FOR YOUR CHECK)

Name (please print) Mail or Hold check

Regular Hours (Please record in 15 min increments)

Table with columns for days of the week (Monday-Sunday) and rows for Time In, Time Out, Less Meals, and Total Hrs.

Call Hours

Table with columns for days of the week and rows for Start Call, End Call, and Total Hrs.

Callbacks

Table with columns for days of the week and rows for Mileage, Parking, and Per Diem.

X Technologist Signature Date

I hereby certify that the hours on this sheet are true and correct and the 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 the terms and conditions of the latest agreement with Diagnos Temps and the conditions hereon

X Authorized Signature of Client Date

WHITE COPY - RETURN TO DIAGNOSTEMPS CANARY COPY - LEAVE WITH CLIENT PINK COPY - EMPLOYEE S COPY