

Timesheet Instructions:

- Complete ALL sections of the time sheet thoroughly
- In the "Facility" section, please make sure to indicate the SPECIFIC location of the facility for which you are working
- At the end of each shift, please fax your signed and approved time sheet to: Leigh Hernan at Fax: **(608) 767-4209**
- Timesheets must be signed by you and signed and approved by an employee at the pharmacy where you worked
- The facility you work at may make a copy of this timesheet for their records.
- Additional copies of this timesheet form can be found at: www.healthprogroup.com
- If the above fax number is busy, please fax your signed and approved time sheet to (608) 643-5147



Employee Name: _____

Facility: _____

Facility Address/Store No.: _____

		MON	TUE	WED	THU	FRI	SAT	SUN
	Month/Day:							
Arrival	Time in							
Meal Hours	Time out							
	Time in							
Departure	Time out							
Totals	Hours Worked							
	On-Call Hours Worked							
	Miles							
	Lodging*							
	Per Diem*							

**If approved by HealthPro in advance*

 Employee Signature Date

 Approved by Date

Week Summary	Totals
Worked Hours	
Mileage	
Lodging*	
Per Diem*	

HEALTHPRO USE ONLY	
Order Numbers:	