

# Jackson Therapy

PARTNERS

11315 Corporate Boulevard Ste 100

Orlando, FL 32817

Phone: 1-800-774-7785

Fax: 1-888-345-7994

DAY	DATE	Regular	Eval	**Mileage
Sunday		:	:	
Monday		:	:	
Tuesday		:	:	
Wednesday		:	:	
Thursday		:	:	
Friday		:	:	
Saturday		:	:	
		Total Reg	Total Eval	*Total Hours

**EMPLOYEE NAME:** Last Name, First Name (PLEASE PRINT CLEARLY)

**TIMESHEET MUST BE IN BY NOON EST ON MONDAY**  
**PLEASE FAX TIMESHEETS TO: 1-888-345-7994**

(Please fax Friday afternoon or over the weekend if possible)

## Facility Information

FACILITY NAME

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ADDRESS

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CITY                      STATE                      ZIP

ON CALL / PAGER HOURS				CALL BACK HOURS			
DATE	TIME IN	TIME OUT	TOTAL	TIME IN	TIME IN	TIME OUT	TOTAL
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	
				:	:	:	

**Your Timesheet is complete when:**

- 1.) Dates/hours are filled in clearly
  - 2.) Facility name written in space provided above (*no abbreviations*)
  - 3.) Employee name written in space provided above (*Last name first*)
  - 4.) Client authorization portion filled out by Client representative
  - 5.) Must include authorized signature from Client
  - 6.) Fax completed timesheet to 1-888-345-7994 by Monday-Noon EST
- Failure to fully complete timesheet with all required information may result in a delay in your payroll being processed.***

**Employee Signature**

**X**

I certify that the hours shown represent my total hours worked and were verified properly by an authorized representative of the client/facility

**Facility Use Only**

Reg. Hours	Overtime Hours	Holiday Hours	On-Call	Call Back

Please verify and write in approved hours in the space provided above

Name of Rehab Management Company if applicable: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

\*Client not responsible for mileage reimbursement unless stated in master contract or client confirmation. Client agrees to pay for the hours verified on this timesheet