

Jackson Therapy PARTNERS

11301 Corporate Boulevard, Suite 101

Orlando, FL 32817

Phone: (877)-896-3660

Fax: (888)-345-7994

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

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

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

DAY	DATE	Time In	Time Out	Lunch	*Total	**Mileage
Sunday		:	:			
Monday		:	:			
Tuesday		:	:			
Wednesday		:	:			
Thursday		:	:			
Friday		:	:			
Saturday		:	:			
*If total hours do not equal 40, please indicate why below:					*Total Hours	**Total Mileage
<input type="checkbox"/> Facility dismissed early <input type="checkbox"/> Sick <input type="checkbox"/> Planned/requested time off <input type="checkbox"/> Other _____						

Facility Information

FACILITY NAME

ADDRESS

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 (*round to quarter hour, no military time*)
 - 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

Print Name: _____

Name of Rehab Management Company if applicable: _____

Signature: X _____

****Client not responsible for mileage reimbursement unless stated in master contract or client confirmation.**

Client agrees to be invoiced the hours verified on this timesheet