

NAME:			
HOME FACILITY		HOME ORACLE CONTRACT #	
AWAY FACILITY (DEPLOYMENT)		AWAY ORACLE CONTRACT #	
ORACLE CONTRACT CODE WITH "D" PREFIX			

*** Note*** Please indicate appropriated Call Shifts as, 1st or 2nd Call under the "Call Shift" column.

DAY	DATE	REGULAR HOURS	CALL SHIFT WORKED	POST CALL HOURS	DEPARTMENT (ICU/HM/EM)	TOTAL
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
		TOTAL HOURS				

I hereby certify that the time recorded represents actual hours worked for the period indicated.

Employee Signature

Date

Supervisor

Date

Recommendations offered in this document are not intended to replace the medical judgment and/or discretion of the individual Provider, but are offered as a tool to enhance diagnosis and treatment for optimal patient safety.

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*Please submit timesheet to your timekeeping coordinator.