Employee Name: Brianna Smiles

Facility Location: Community Helpful Medical center

Pay Period: 08/16/18 - 08/31/18

Job Title: Nuclear Medicine Technologist



Standby/Callback Timesheet SAMPLE

DAY	DATE	Standby Start	Standby End	Total Standby Hours	In Callb	Out	In Callb	Out	In Callb	Out	In Callb	Out	Total CB hrs	Subtract CB hrs from SB hrs	Total CB's	CB CXL
SUN				Hours	Call	Jack 1	Callo	ack 2	Callo	ack 3	Callo	ack 4	III S	<u>ms</u>	CDS	CAL
MON																
TUES	08/16/18	12	7:30	15.5	17:00	-18:30	19:00-21:00		CXL-Lung		\rightarrow		3.5	12	2	1
WED	08/17/18	15.5	7:30	15.5		\rightarrow	\rightarrow		\rightarrow			\rightarrow		15		
THUR	08/18/18	12	7:30	15.5	22:00	-00:30	00:30-1:30		CXL-Lung		-Lung →		3.5	12	2	1
FRI	08/19/18	15.5	7:30	15.5		\rightarrow		\rightarrow		\rightarrow		\rightarrow		15.50		
SAT	08/20/18	17	7:30	24	9:00-	12:00	16:00-18:00		18:15-19:15		20:00-21:00		7	17		
											T	otals:	14	72	4	2

	DATE	Standby Start	Standby End	Total Standby Hours	In	Out	In	Out	In	Out	In	Out	Total	Subtract CB hrs		
DAY					Callback 1		Callback 2		Callback 3		Callback 4		CB hrs	from SB hrs	Total CB's	CB CXL
SUN																
MON																
TUES	08/23/18	16:00	7:30	15.5	16:00-17:30			\rightarrow	\rightarrow		\rightarrow		1.5	14	1	
WED																
THUR																
FRI	08/26/18	16:00	7:30	15.5	\rightarrow			\rightarrow	\rightarrow		\rightarrow			15.5		
SAT	08/27/18	7:30	7:30	24	\rightarrow			\rightarrow \rightarrow		\rightarrow		\rightarrow		24		
Comments:						•	1	otals:	1.5	53.50	1					

Callback Patient InformationGrand Totals:15.501965

Date:	Pt. Name	<u>Pt. ID#</u>	Exam/Study	Routine or STAT
08/16/18	Sonia Castro	12345	Lung Scan	STAT
08/16/18	Lane Bell	67891	HIDA (Cancelled)	STAT
08/18/18	Samantha Strong	78123	Lung Scan	STAT
08/18/18	Tom Jones	84231	Lung (Cancelled)	STAT
08/23/18	Luna Mars	65432	Lung Scan	STAT

I certify that I have provided complete and accurate information by signing this time sheet. I understand that it is against company policy to provide false or incomplete information on time sheets.

Facility Supervisor Approval Signature

Brianna Smiles

09/01/2018

EMPLOYEE SIGNATURE

DATE

• Please complete a **NEW timesheet for each facility**.

• Timesheets are due by noon on the 1^{st} and the 16^{th} day of each month.

QTS Payroll Department Approval