CMA

CALVERT MEDICAL ASSOCIATES
5304-O PANOLA INDUSTRIAL BLVD
DECATUR, GEORGIA 30058
phone: (770) 322-9131; fax: (770) 322-8698
email: jobs@calvertmedical.net

TIME SHEET

Contractor/Temporary Employee Name:
Title:
Location: **Department:**

Pager Phone:	
Home Phone:	
Work Phone:	
Tax ID #:	

Date	Morning Time-In	Morning Time-Out	Evening Time-In	Evening Time-Out	Hours	Total
					Total	0.00

REMARKS: Timesheet must be signed and approved before fees can be forward for Locum Tenens services rendered.

Contractor/Temporary Employee Signature: _____

Date: _____

Social Security/ID #: _____

Management Approval: The undersigned hereby: (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner. (2) Confirms prior agreement between employer with respect to services performed hereunder and any future services.

DEPARTMENT SUPERVISOR SIGNATURE DATE

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