

GIG RADIOLOGY – TIMESHEET RECORD

EMPLOYEE NAME: _____

EMPLOYEE NO: _____

WEEK ENDING			2019
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SITE	DATE	START	LCH	FIN	HRS	O/T	TRAV	SL	ARL	PH
				SUB TOTAL						

WEEK ENDING			2019
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SITE	DATE	START	LCH	FIN	HRS	O/T	TRAV	SL	ARL	PH
OFFICE USE ONLY				SUB TOTAL						
CB		OF		TOTAL						
PA		RB		NOTES:						
TR										

EMPLOYEE SIGN: _____

DATE: _____

MANAGER SIGN: _____

DATE: _____