



**CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES**

**Timesheet For Registry Provider**  
**Unlimited Advanced Diversity**  
 20841 Ventura Blvd #188  
 Woodland Hills, CA 91364  
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**Month/Year:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Classification:** \_\_\_\_\_

Date	Medical	Mental Health	Dental	Service Area	Time In	Meal Break	Time Out	Regular Hours	Approval Signature for Regular Hours	Overtime Hours	Orientation Hours	On Call	Call Back	Total Hours	# of Patient-Inmates Seen (If Required)	Approval Signature for Overtime & Other Hours / Date
Sunday																
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Total Hours																

<b>Medical Total Hours</b>	
<b>Mental Health Total Hours</b>	
<b>Dental Total Hours</b>	

\_\_\_\_\_  
**Provider's Signature** **Date**

\_\_\_\_\_  
**Signature of Timesheet Validation** **Date**

\_\_\_\_\_  
**Print Name, Classification** **Date**

\_\_\_\_\_  
**Print Name, Classification** **Date**