

SIGN IN SHEET The deadline for sign in sheet is Monday, 12PM PST.

Submit timesheets via email: **TS@MEDISCAN.NET** or via fax: **818-401-2126**

Employee Name

Client / Facility

Department / Profession

Date	Time In	Lunch 30/60	Time Out

Regular Time	Overtime	Double Time	On Call	Call Back	Charge Hrs
Total Hours:					

PERFORMANCE EVALUATION (TO BE COMPLETED BY SUPERVISOR)						
	1	2	3	4	5	N/A
Quality of Work:						
Documentation:						
Clinical Ability:						
Professionalism / Ability:						
Attendance / Punctuality:						
	5 - Excellent 4 - Very Good 3 - Good 2 - Fair 1 - Poor					Comments:

Mediscan Employee Signature* _____ Date _____

Your signature certifies that all of the above information is true and accurate. You certify that no accident or injury was sustained while at work during the time covered in this sign in sheet, except as reported to Mediscan by submitting an accident report before/with this sign in sheet. You certify that you have taken your 30-minutes lunch unless otherwise noted and approved by supervisor.
All Sign In Sheets must be signed by a Supervisor.

Supervisor/Manager/Director Signature _____ Date _____

Supervisor/Manager/Director Print Name _____

The facility certifies that: hours shown are correct, work was done according to Quality standards, and facility agrees to the terms and conditions of the Mediscan contractual agreement and will pay invoices related to this sign in sheet in full.