

Employee Name

Facility

InSync Consulting Services, LLC.  
 110 Main St.  
 Roseville, CA 95678  
 FAX: 1-844-641-3444  
 Phone: 1-888-641-3444  
 E-Mail: payroll@insynconline.net



Smartphone Fax Apps:  
 Android: "Cam Scanner"  
 iPhone: "Scan Pages"

Work Week \_\_\_\_/\_\_\_\_/\_\_\_\_/ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

	Date	Time In	Break (in mins)	Time Out	Reg Hrs	OT Hrs	Unit	Canceled by Facility or Called Off Voluntarily	**Travel Away from Home?
SUN								Canceled I Called Off	Yes No
MON								Canceled I Called Off	Yes No
TUE								Canceled I Called Off	Yes No
WED								Canceled I Called Off	Yes No
THU								Canceled I Called Off	Yes No
FRI								Canceled I Called Off	Yes No
SAT								Canceled I Called Off	Yes No
Total								<div style="background-color: yellow; padding: 2px;">           If ever canceled or calling off, you must always call (800) 638-9798 <b>immediately</b> </div>	

By signing below I certify the information provided is true and correct. I understand that I must take an unpaid 30 minute meal break for each 8 hour shift, and I must take a second unpaid 30 minute meal break for each shift that extends beyond 10 hours. If I am not extended these breaks, I am required to contact my manager at InSync immediately so this may be remedied. By signing this timesheet, I am acknowledging that I have been extended these unpaid meal breaks and that I have taken them (or waived one by mutual consent if I worked a 10 hour – or greater – shift)

Employee Printed Name	Employee Signature	Date
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Supervisor Printed Name and Title	Supervisor Signature	Date
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Overtime must be approved in order to be paid

Supervisor Printed Name and Title (for Overtime Approval)	Overtime Approval Signature	Date
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**Clinician**

- o **Timesheets are due MONDAY by 3:00pm. Late timesheets will be processed the following pay period.**
- o **\*\*If you are a clinician on a travel assignment and you are receiving per diem reimbursements, you must indicate each and all days you traveled away from home for this assignment, even if you did not work that day. Generally, this will be "Yes" for all clinicians on travel assignments. If you returned home on any days during the week in which you received per diem reimbursements, you must indicate as such here (you may not be eligible for certain per diem reimbursements during that week) If you are a registry/per diem employee or are not receiving any per diem reimbursements, answer "No".**

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- o All hourly fees represent the client's reimbursement of all InSync's costs including, but not limited to, wages, lodging, transportation, per diem allowances, and insurance costs.