



"We Strive to Beat Expectations"

POSITION: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

WEEK OF: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DAY	DATE	TIME IN	LUNCH		TOTAL	ON-CALL NO RESPONSE *			ON-CALL RESPONSE **			
			TIME OUT	TIME IN		TIME OUT	TOTAL	TIME IN	TIME OUT	TOTAL		
Sun												
Mon.												
Tues.												
Wed.												
Thurs.												
Fri.												
Sat.												
Totals												

\* On-Call No Response - Pager call duties  
 \*\* On-Call Response - In-house on-call service

PROVIDER SIGNATURE: \_\_\_\_\_

DESIGNATED GOVERNMENT REPRESENTATIVE: \_\_\_\_\_

INSTRUCTIONS: This timesheet should cover only one week. Do not include time for other periods.  
 Please fax time sheet to Magnificus Corporation by 5:00PM on Monday following the week that work was completed in order to process payroll.

**Failure to submit a properly completed timesheet WILL delay the processing of the Employee's check.  
 If submission of a timesheet is delayed, it will be placed into the next check date for payment.**

Please fax or email to: **(888) 829-2131 or magnificus.timesheets@gmail.com**