



# Sycamore Anesthesia Services, Ltd.

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INDEPENDENT ANESTHESIA  
CONTRACTOR TIME SHEET

Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Day	Date	Daily Work Hours			On Call Y/N--Hrs	OT/Call Work Hours			Per Diem	# of Miles	Lodging** Y/N
		Begin	End	Total		Begin	End	Total			
MON											
TUE											
WED											
THU											
FRI											
SAT											
SUN											
<b>Totals</b>											

Daily Work Days Total \_\_\_\_\_ X \_\_\_\_\_ per day \_\_\_\_\_  
 On Call Days Total \_\_\_\_\_ X \_\_\_\_\_ call fee \_\_\_\_\_  
 OT/Call Work Hrs Total \_\_\_\_\_ X \_\_\_\_\_ per hour \_\_\_\_\_  
 Special Weekend Fee \_\_\_\_\_ X \_\_\_\_\_ per 24 hr day \_\_\_\_\_  
 Per Diem # of Days \_\_\_\_\_ X \_\_\_\_\_ per day \_\_\_\_\_  
 Mileage Total \_\_\_\_\_ X \_\_\_\_\_ per mile \_\_\_\_\_  
 Lodging (if paid by MD) \_\_\_\_\_ X \_\_\_\_\_ per night (room only) \_\_\_\_\_  

**TOTAL** \_\_\_\_\_

\*\*Regardless of who is paying lodging, please indicate if stayed in motel!