
  **Contract Services Time Sheet
~Anesthesia Partners of Montana~
St. Vincent Healthcare**

|  |  |
| --- | --- |
| **Contractor Name:**Carl Jay Gutierrez, **MD**- |  **For Dates:** * **Month:**
* **Year: Date Submitted:**
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|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Off** | **Regular** | **On Call** | **Overtime** | **Callback** | **Regular Hours** | **OT Hours** | **Total Hours** |
| **In** | **Out** | **In** | **Out** | **In** | **Out** |
|   |   |   |   |   |   |   |   |   |   |   |   |   |
| **M** |                |  N | 07/800 | 15/630 |   N |  |  |   |   |      8 |       |  |
| **T** |  |  N | 0700 | 1530 |   N |  |  |   |   |      8 |       |  |
| **W** |  |  N | 0700 | 1530 |   N |  |  |   |   |      8 |       |  |
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| **F** |  |  N | 0700 | 1530 |   N |   |   |   |   |      8 |   |  |
| **S** |  |  Y |   |   |   N |   |   |   |   |   |   |   |
| **S** |  |  Y |   |   |   N |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |

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|   **Totals** **Regular Days: \_\_\_\_\_\_\_ Overtime Hrs: \_\_\_\_\_\_\_Contractor Signature: Auto Rental: \_\_\_\_\_\_\_ (Receipt enclosed)**Department Verification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 (1 week)


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 (2 weeks)

**~ 1 ~**



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**~** Page 2 **~**


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 (3 weeks)