



RAYZ 4U
LLC
 MEDICAL IMAGING ON THE MOVE!

PHONE: 1-866-232-8822 FAX: 1-866-636-5665

ON CALL TIME SHEET

EMPLOYEE: _____

FACILITY: _____

DAY	DATE	ON CALL STARTS	ON CALL ENDS	HOURS ON CALL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Returning to Job

Job Completed

Minimum 4 hours. Total to nearest ¼ hour.

TOTAL ON CALL HOURS

The facility certifies by signing, that the hours indicated are correct and services were performed to satisfaction. The facility also agrees not to employ an XRAYZ 4U, LLC temporary for a period of 6 months. In the event facility violates this condition, the facility shall pay XRAYZ 4U, LLC its full placement fee as liquidated damages.

 Facility Authorized Signature

 Employee Signature