

Registry Provider Timesheet

American Correctional Solutions
 1588 N. Batavia St., Orange, CA 92867
 Contact Name: Sheri Mines Ph.: 714-538-0200 Fax: 714-441-8141

Month/Year: _____

Institution: _____

Registry Provider: _____

Title: _____

Day	Date	Medical	Mental Health	Dental	Service Area	Time In	Uncompensated Time	Time Out	Hourly Rate Hours	Approval Signature for Hourly Rate Hours / Date	Time In	Time Out	Unanticipated Hours (If applies)	Orientation Hours (If applies)	On Call	Call Back	# of Patient-Inmates Seen (If required)	Approval Signature for Other Hours / Date
Sunday																		
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Total Hours																		

Medical Total Hours	
Mental Health Total Hours	
Dental Total Hours	
Weekly Total Hours	

Notes: _____

Registry Provider's Signature _____ Date _____

*CDCR Authorized Designee's Signature _____ Date _____

Print Name, Title _____

Print Name, Classification _____

* Designee cannot be a CDCR contractor or employee, subcontractor, representative, or agent of a CDCR contractor.