



## User Instructions for Registry Provider Timesheet

Item Number	Description	Data to Enter into Timesheet
1	Month/Year	Month and year worked.
2	Registry Provider	Person with whom a Vendor enters into an arrangement, whether express or implied, for the purpose of performing any service under an agreement for temporary or relief services between the Vendor and CDCR. May include, but is not limited to, independent contractors, subcontractors, consultants and employees.
3	Institution	Name of the Institution worked.
4	Title	Name of healthcare classification. Example; RN, CNA, Pharmacy Technician, etc.
5	Date	Calendar day worked.
6	Secondary Program Worked	Name of additional program worked or Unanticipated, Orientation, On Call or Call Back hours.
7	Medical	Select the appropriate program area worked by placing an "X" into the box.
8	Mental Health	
9	Dental	
10	Service Area	Name of the area worked at the institution.
11	Time In	Hour and minute of work time started.
12	Uncompensated Time	Time duration of the Uncompensated time. (Meal or Break time if authorized).
13	Time Out	Hour and minute of work time ended.
14	Hourly Rate Hours	Total number of hourly rate hours worked during a scheduled shift.
15	Approval Signature for Hourly Rate Hours	Signature of *CDCR Authorized Designee validating the number of hourly rate hours worked.
16	Time In	Hour and minute of work time started for other hours.
17	Time Out	Hour and minute of work time ended for other hours.
18	Unanticipated Hours	Total number of hours worked beyond the scheduled shift.

<b>Item Number</b>	<b>Description</b>	<b>Data to Enter into Timesheet</b>
19	<b>Orientation Hours</b>	Total number of hours attending orientation.
20	<b>On Call</b>	Total number of hours worked while on "On Call" status
21	<b>Call Back</b>	Total number of hours worked when "Called Back".
22	<b># of Patient-Inmates Seen (If required)</b>	Total number Patient-Inmates seen.
23	<b>Approval for Other Hours, Date</b>	Signature authorization of the *CDCR Authorized Designee validating the number of unanticipated hours worked and date of signature.
24	<b>Total Hourly Rate Hours</b>	Total number of hourly rate hours worked for the week.
25	<b>Total Unanticipated Hours</b>	Total number of unanticipated hours worked for the week.
26	<b>Total Orientation Hours</b>	Total number of orientation hours worked for the week.
27	<b>Total On Call Hours</b>	Total number of on call hours worked for the week.
28	<b>Total Call Back Hours</b>	Total number of call back hours worked for the week.
29	<b>Total # of Patient-Inmates Seen (If required)</b>	Total number of patient-inmates seen for the week.
30	<b>Medical Total Hours</b>	Total number of hours worked for Medical.
31	<b>Mental Health Total Hours</b>	Total number of hours worked for Mental Health.
32	<b>Dental Total Hours</b>	Total number of hours worked for Dental.
33	<b>Weekly Total Hours</b>	Total number of hours worked for the week.
34	<b>Registry Provider's Signature</b>	Signature of the registry provider.
35	<b>Date</b>	Month, day and year of the provider's signature.
36	<b>Print Name, Title</b>	The name and healthcare classification of the registry provider printed in a legible form. Example; RN, CNA, Pharmacy Technician, etc.
37	<b>Notes</b>	Any additional information needed to validate timesheet.
38	<b>Signature of *CDCR Authorized Designee</b>	Authorized signature of the *CDCR Authorized Designee validating the total number of hours worked.
39	<b>Date</b>	Month, day and year of the *CDCR Authorized Designee's signature.
40	<b>Print Name, Classification</b>	The name and classification of the *CDCR Authorized Designee printed in a legible form.

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

# 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: #1

Institution: #3

Registry Provider: #2

Title: #4

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
	#5	#7	#8	#9	#10	#11	#12	#13	#14	#15	#16	#17	#18	#19	#20	#21	#22	#23
Sunday																		
<b>#6</b>																		
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
<b>Total Hours</b>									<b>#24</b>				<b>#25</b>	<b>#26</b>	<b>#27</b>	<b>#28</b>	<b>#29</b>	

Medical Total Hours	#30
Mental Health Total Hours	#31
Dental Total Hours	#32
Weekly Total Hours	#33

Notes: #37

#34 #35

Registry Provider's Signature Date

#36

Print Name, Title

#38 #39

\*CDCR Authorized Designee's Signature Date

#40

Print Name, Classification

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