

**This is an example timesheet with explanations**

**TIME SHEET**



EMPLOYEE NAME: Fred Flinstone  
 RECRUITER: A)  
 FACILITY: Flinstone Hospital  
 STATE WORKING IN: FL  
 PERMANENT RESIDENCE STATE: FL  
 WEEK OF: B) to

**\*OFFICE USE ONLY \***

| DAY           | DATE        | UNIT | IN (1) | OUT (1) | MINUS BREAK-TIME (2) | Total REGULAR & OVERTIME Hours | REGULAR (3) | OVERTIME (3) | ON CALL Hours (4) | CALL BACK Hours (4) | Notes (5)<br>Please indicate CALLED OFF or CANCELLED SHIFTS. Supervisor signature or initials are required. |
|---------------|-------------|------|--------|---------|----------------------|--------------------------------|-------------|--------------|-------------------|---------------------|---|
| SUN           | C) 4/6/2003 |      |        |         |                      |                                |             |              |                   |                     |   |
| MON           | 4/7/2003    | ICU  | D) 7   | D) 7    |                      |                                |             |              | 6                 | 2                   |   |
| TUES          | 4/8/2003    | ICU  | D) 7   | D) 7    |                      |                                |             |              |                   |                     |   |
| WED           | 4/9/2003    |      |        |         |                      |                                |             |              |                   |                     |   |
| THURS         | 4/10/2003   |      |        |         |                      |                                |             |              |                   |                     |   |
| FRI           | 4/11/2003   | ICU  | D) 7   | D) 7    |                      |                                |             |              |                   |                     | "CHARGE HOURS"  |
| SAT           | 4/12/2003   |      |        |         |                      |                                |             |              |                   |                     |   |
| <b>Totals</b> |             |      |        |         |                      |                                |             |              |                   |                     |   |

- (1) Please use the quarter hour rule when calculating total regular and overtime hours.
- (2) You are required to fill in your break time. If you did not have a break, place a Zero in the box. If it is left blank, payroll will assume a half hour break.
- (3) Please do not calculate your regular and overtime hours. The Payroll Department will perform. Please ensure that the "Total Regular and Overtime hours" are correct.
- (4) Only put "on call" hours in the "on call" column. If you were "called back", please only include these hours in the "call back" column.
- (5) Please use this section to write any additional information needed that would be helpful for payroll, such as "incharge time". In addition, please explain the reasons why, if you did not work at least 36 hours.

I authorize payment of all hours noted on this time sheet:

E) \_\_\_\_\_  
 Supervisor Signature Date

F) \_\_\_\_\_  
 Supervisor Name (Please Print)

I certify all hours noted on this time sheet are accurate:

G) \_\_\_\_\_  
 Employee Signature Date

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|              |  |              |  |
|--------------|--|--------------|--|
| Reg. Hrs.    |  | Billing Rate |  |
| OT Hrs.      |  | Billing Rate |  |
| Premium Hrs. |  | Billing Rate |  |
| Charge Hrs.  |  | Billing Rate |  |

|                |  |              |  |
|----------------|--|--------------|--|
| On Call Hrs.   |  | Billing Rate |  |
| Call Back Hrs. |  | Billing Rate |  |
| Holiday Hrs.   |  | Billing Rate |  |

**FAX TIME SHEET BY 12:01 P.M. EASTERN TIME SUNDAY TO:**

(Main payroll number): 877-309-5038 or 904-241-9897  
 (Use only if above is busy): 888-794-5038 or 904-241-8332

**Please Note:** Any timesheets not received on the Sunday of payroll week are not guaranteed to be paid on the Payroll Friday. It is the ultimate responsibility of the traveling nurse to ensure that the timesheet is approved and faxed to PPR Travel by the Due Date.

Printable time sheets are available at [www.pprhealthcare.com](http://www.pprhealthcare.com).

- A) Please remember to include your recruiter's name on all timesheets
- B) Please include the beginning & ending dates on all timesheets
- C) Please make sure to include the actual dates you worked on each day
- D) Please make sure to record a.m. or p.m. on your clock in & out times
- E) We must have your supervisor's signature on all timesheets
- F) Make sure to sign your own timesheet & sign