



healthcare staffing
travel • international • permanent

EMPLOYEE NAME: _____
 RECRUITER: _____
 FACILITY: _____
 PAY PERIOD: _____ TO _____

PLEASE FAX TIME SHEETS WEEKLY TO: 877-309-5038 NO LATER THAN 12:00 PM EASTERN STANDARD TIME SUNDAY.

Time Sheets received later than 12:00 Eastern Time Sunday may be delayed for processing.

DAY	DATE	UNIT	Time In (1)	Time Out (1)	Minus Break (2)	Total	On Call (3)	Call Back (3)	Comments (4)
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									
							_____	_____	

_____ Reg _____ OT

I authorize payment of hours noted on this time sheet:

 Supervisor Signature Date Supervisor Name (Please Print)

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

 Employee Signature Date

- (1) Please use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30 MIN = .50HRS 45 MIN = .75HRS
- (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) 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. Please indicate IN and OUT times.
- (4) Please use this section to write any additional information needed that would be helpful for payroll, such as "charge time" or holiday.

Office Use Only

Reg. Hrs.		Bill Rate	
OT Hrs.		Bill Rate	
Premium		Bill Rate	
On Call		Bill Rate	
Call Back		Bill Rate	
Charge		Bill Rate	
Charge OT		Bill Rate	
Holiday		Bill Rate	
Orientation		Bill Rate	
		Bill Rate	
		Bill Rate	
		Bill Rate	