# WEEKLY TIME CARD

FAX: **800-292-4086 or 973-718-4350** PHONE: **1-(866)-241-3396**

**FACILITY NAME:** _____
(Please print)

**WEEK ENDING DATE:** _____

**EMPLOYEE NAME:** _____
(Please print)

**EMPLOYEE SIGNATURE:** _____
Your signature here verifies that all hours are correct

Daily "Time In" and "Time Out" will assume a 1/2 hour meal deduction

**PAYMENT:** [ ] Weekly Check [ ] Direct Dep [ ] Cash Card

| Day | Date | Unit | Time in | Time Out | Total Break | Total Hrs Worked | Authorized Signature For No Break And/Or Extra Hours | Hospital Shift Signature |
|---|---|---|---|---|---|---|---|---|
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| | | | | | Total Weekly Hours: | | | |

**Weekly Productivity (%)** _____

_____ "No injuries or accidents occurred on this Shift" to be initialed by the employee

*If any injury did occur notify the allied health supervisor and Nurses 24/7 Immediately before leaving your shift, failure to do so may result in delay or denial of workman's compensation benefits*

***IMPORTANT: (IN ORDER TO BOTH PAY AND BILL ACCURATELY)***

- ALL 8 TO 12 HOUR SHIFTS REQUIRE A BREAK TO BE TAKEN. NO NURSE WILL BE PAID FOR BREAK WITHOUT AUTHORIZATION.
- ALL TIMECARDS MUST BE FILLED OUT COMPLETELY AND ACCURATELY.
- NURSE MUST CONFIRM TIMECARD RECEIPT WITH AGENCY (Do not solely rely on electronic fax confirmations)
- DOUBLE SHIFTS MUST BE FILLED OUT ON SEPARATE TIMECARDS
- IF YOU ARE WORKING AT A FACLITY THAT DOES NOT SIGN TIMECARDS, THE TIME YOU SUBMIT TO US MUST MATCH THE SIGN IN SHEET AT THE FACILITY OR DEDUCTIONS WILL BE MADE.

***ASK US ABOUT FREE ONLINE ACCOUNT ACCESS***