Name: ______________________________

TIMECARD

ONE FACILITY PER TIMECARD

Week Ending: _____/_____/_____

Client: ______________________________ Unit/Floor: ____________________

	Regular Hours:				Standby/On-Call Hours:			Hours Worked On-Call:			
Date:	Begin:	End:	Break:	Total:	Begin:	End:	Total:	Begin:	End:	Total:	Supervisor Approval:
Sun: ____/_____			.50								x
Mon: ____/_____			.50								x
Tue: ____/_____			.50								x
Wed: ____/_____			.50								x
Ths: ____/_____			.50								x
Fri: ____/_____			.50								x
Sat: ____/_____			.50								x
			Weekly Total:			Weekly Total:			Weekly Total:		

***Fax to:* 1-888-584-8081**

*****PLEASE CALL TO VERIFY YOUR TIMECARD HAS BEEN RECEIVED**

I hereby certify that the hours shown above represent my total hours worked and the client approval was signed by my supervisor or an authorized representative of the client.

____
Employee Signature (required)

Date _____/_____/_____

Weekly Payroll _____ CNSIPS _____
(Instant Pay)

UNSIGNED TIMECARDS WILL RESULT IN DELAY OF COMPENSATION

ALL TIMECARDS MUST BE SIGNED BY FLOOR/UNIT SUPERVISOR

ANY HOURS OVER SCHEDULED SHIFT MUST BE HAVE FACILITY EXEMPTION FORM ATTACHED