



# DAILY TIME CARD

FAX: 973-718-4350 or 800-292-4086

PHONE: 1-(866)-241-3396

Hospital/Client \_\_\_\_\_ Floor/Unit \_\_\_\_\_ Specialty \_\_\_\_\_

Employee \_\_\_\_\_ Social Security # \_\_\_\_\_  
 RN  LPN  CNA  
 CHARGE/SUPERVISOR

<u>Date</u>	<u>Day OF Week</u>	<u>Time IN</u>	<u>Time OUT</u>	<u>Total Break</u>	<u>Total Hour Minus Break (If no break is taken timecard must be authorized below)</u>
	Mon Tue Wed Thu Fri Sat Sun	AM  PM	AM  PM		

I certify the hours shown above represent my total hours worked and that they were properly verified by the client or an authorized representative.

Employee Signature: \_\_\_\_\_ Method of Payment:  Mail Check (weekly)  Direct Deposit (must be in by 9am For 24 hr deposit)  Cash Card

I hereby certify that I am an Authorized Representative of this facility and the above information is correct for billing purposes

Authorized Representative (Signature Required): \_\_\_\_\_

Extra Hours Authorized (Signature Required): \_\_\_\_\_

No Lunch Authorized (Signature Required): \_\_\_\_\_

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

*If any injury did occur notify the nursing 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 FACILITY 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.

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