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| 11506 Nicholas St, Ste 105 Omaha, NE 68154 | PHONE: 323-977-4437 | FAX: 402-625-0205 |
| Timecards are to be emailed to your Recruiter by Monday at Noon *(central standard time)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Recruiter: |  |
| Facility Name: |  | Facility City / State: |  |
| Department: |  | Supervisor: |  |

**Regular Hours Sunday - Saturday**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week of: | Date | Start Time | End Time | Meal Break | Total Hours | Supervisor initials Shift & OT approval |
| Sunday |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
|  |  |  | WEEKLY TOTALS |  |  |  |

**On-Call Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week of: | On-Call In | On-Call Out | Total On-Call | Call Back In | Call Back Out | Total Call Back |
| Sunday |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
|  |  | WEEKLY TOTALS |  |  |  |  |

|  |  |
| --- | --- |
| Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Facility Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Print Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I certify that the hours were worked by me on the dates designated, hours are true and correct; verified by a representative of the facility. | By signing above, client acknowledges that all hours are true and correct; and has read and agreed to all terms in the client agreement. |

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| Payroll Information - For Office Use Only |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Per Diem | $ |  | Reimbursement | $ |  |
| Travel | $ |  | G.H. |  |  |
| Stipend | $ |  | Other | $ |  |