

# DAILY TIME SHEET

Employee Name: \_\_\_\_\_

Office Use Only

Client Name: \_\_\_\_\_

| Date               | Unit | Time In  | Time Out | Total Hours                                      |    |         | Special Pay   |        |     |       |  |
|--------------------|------|--|----------|--|----|---------|---|--------|-----|-------|--|
|                    |      |  |          | Regular  | OT | On Call | Call Back   | Charge | Hol | Other |  |
|                    |      |  |          |  |    |         |   |        |     |       |  |
| <b>Meal Period</b> |      | <b>Missed Meal?</b>                                      |          | <b>Reason Code for Missed Meal</b>               |    |         |   |        |     |       |  |
|                    |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          | <input type="checkbox"/> Unforeseeable Emergency |    |         | <input type="checkbox"/> No coverage/ Couldn't step away<br>(adverse effect on pt care) |        |     |       |  |

**Timecards must be received by 8:00 a.m. Sunday**

Employee Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Client Signature: \_\_\_\_\_

Charting   
  Keys   
  Drug Count

**INSTRUCTIONS:** Employee must complete time sheet and obtain client approval for the time worked.

- To ensure accurate payroll and billing, please make sure that hours worked / not worked are properly categorized and accounted for.
- By approving the hours worked on this timesheet, client agrees to pay for the services and that the service was performed in a satisfactory manner.
- Employee certifies that the hours indicated on this timesheet are correct and were approved by an authorized individual employed by the client.
- If Meal Period section left blank, we will count it as taken. Employees are expected to take meal and rest breaks as directed by Client Facility.



\*Timesheet may be faxed toll free to (866) 930-5000; local fax (509) 374-4958

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