

Employee Name: _____ Client Name: _____

REGULAR / OVERTIME HOURS

Day of Week	Date	Unit	Time In	Time Out	Rest / Lunch		Regular Hours	OT Hours	Holiday Hours	Shifts Not Worked or Cancelled *Please explain reason shift not worked
					Yes (Minutes?)	No *Reason (A / B)				
Sun.										
Mon.										
Tue.										
Wed.										
Thurs.										
Fri.										
Sat.										
TOTAL										

ON CALL / CALL BACK HOURS

Day of Week	Date	Unit	On-Call Time In	On-Call Time Out	On-Call Total	Call Back Time In	Call Back Time Out	Call Back Total
Sun								
Mon.								
Tue.								
Wed.								
Thurs.								
Fri.								
Sat.								
TOTAL								

• Timecards must be received by 8am on Sunday each week.

- Please make sure all times and boxes are complete. You must fill in your lunch break time. If this box is blank, we will consider this as a lunch break taken. Please complete the missed break box appropriately.
- ***Reason Code:** A= Emergency Procedure B= No Coverage / Couldn't step away without adversely affecting patient care.
- **Employees are expected to take Rest / Lunch breaks as directed by the Client Facility.**

FAX TO: 866-930-5000 or Local Fax 509-374-4958

Traveler Signature: _____ **Date:** _____

Client Signature: _____ **Date:** _____

- By approving the hours worked on this timesheet, client agrees to pay for 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.

TRAVELER WEEKLY TIME SHEET