1701 Legacy Drive, Ste. 1100, Frisco, TX 75034

Phone: 972-713-1700 ; Fax: 972-713-1700

**TIME SHEET**

|  |
| --- |
| **Employee name: Position :**  |
| **Hospital name:** |

|  |
| --- |
| **Start of Period: End of Period:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORK DAY** | **DATE** | **Start** | **End** | **Lunch** **Duration** | **TOTAL****HOURS** | **DAILY APPROVAL Supervisor****INIT** |
| **SUN** |  |  |  |  |  |  |
| **MON** |  |  |  |  |  |  |
| **TUE** |  |  |  |  |  |  |
| **WED** |  |  |  |  |  |  |
| **THU** |  |  |  |  |  |  |
| **FRI** |  |  |  |  |  |  |
| **SAT** |  |  |  |  |  |  |
| **TOTAL HRS WORKED** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ON-CALL** | **TOTAL** | **CALL-BACK** | **TOTAL** |
| **Start** | **End** | **Start** | **End** |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **/ / 20** |  |  |  |  |  |  |
| **ON-CALL TOTAL** |  | **CALL-BACK TOTAL** |  |

**COMMENTS:**

**It is certified that the hours stated above are correct and that the work was performed in a satisfactory manner.**

|  |  |
| --- | --- |
| **Pro Touch Employee signature:**  | **Date** |

|  |  |
| --- | --- |
| **Authorized Hospital Signature:**  | **Date** |

**Time Card Guidelines**

- All field must Be completed

- Lunch minutes must be entered on timecard

- All time card must be emailed or faxed

(F: 888-777-9185)

Or emailed timesheet@protouchstaffing.com Monday by noon(CST) anything after this time will be considered late and will not be paid until the following week.

- Unsigned timecards will not be processed.

- The above rules are nonnegotiable and no exceptions will be made.