



1701 Legacy Drive, Ste. 1100, Frisco, TX 75034
 Phone: 972-713-1700; Fax: 888-777-9185

TIME SHEET

Employee name: _____

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.