

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

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

**TIME SHEET**

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| --- |
| **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** |  |  |  |  |  |  |
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| **/ / 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](mailto: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.