



Requirements for submitting timesheets are as follows:

Please **FAX (918-512-4985) or EMAIL (staffing@ahspharmstat.com)** the completed timesheet each Saturday after your last shift for the week. Timecards are processed every Monday morning and are considered late by 10AM CST on Monday.

YOUR NAME

Client/Facility Name

Regular Hours Worked								On Call Hours ONLY				Call Back Hours ONLY			
		Before Break		After Break											
Date		Start Time IN	Finish Time OUT	Start Time IN	Finish Time OUT	Hours Worked as Charge Nurse per day	Total Hours per Day	Date		From	To	Total On Call	From	To	Total Call Back Hrs
	Su								Su						
	Mo								Mo						
	Tu								Tu						
	We								We						
	Th								Th						
	Fr								Fr						
	Sat								Sat						
Total Hours minus lunches								Total On Call				Total Call Back			

Employee Signature

**DOES GUARANTEE APPLY?
PLEASE CIRCLE ONE: YES / NO**

Supervisor Signature



Facility Call-Off Verification Form

To be completed by Employee:

Employee Name _____

Facility Name & Location _____

Date(s) of Call Off(s)	# of Hours you are short	Reason
EXAMPLE 1: 7/12/15	8	Called off due to low census
EXAMPLE 2: 7/13/15	2	Sent home early by facility

Employee Signature _____ Date: _____

To be completed by Facility:

Authorized Facility Signature _____ Date: _____

Facility Printed Name _____

Pursuant to the Healthcare Staffing Agreement, Facility shall provide healthcare professional a minimum work week.