Aya Healthcare Travel Timecard

The <u>deadline</u> for timecards is Monday, 12:00pm P.S.T. Please fax to 1-866-350-2836 or email to timecards@ayahealthcare.com. Thank you.

Name:	Hospital:	Week Endina:
name.		

LUNCH TOTAL REG ON CALL CALL BACK ORIENT CHARGE CALLED OFF SUPERVISOR UNIT DATE TIME OUT TIME IN IN HOURS INITIALS OUT HOURS HOURS HOURS HOURS HOURS SUN MON TUE WED THUR FRI SAT TOTAL HOURS:

PERFORMANCE EVALUATION (TO BE COMPLETED BY SUPERVISOR WEEKLY)									
Quality of Work:	1	2	3	4	5	N/A		5 - Excellent	Please circle one number in each row which
Documentation:	1	2	3	4	5	N/A		4 - Very Good	best reflects your assessment of this employee based on the scale at left.
Clinical Ability:	1	2	3	4	5	N/A		3 - Good	
Professionalism/Attitude:	1	2	3	4	5	N/A		2 - Fair	
Attendance/Punctuality:	1	2	3	4	5	N/A		1 - Poor	
COMMENTS:									

EMPLOYEE'S SIGNATURE

DATE

You certify this timecard as true and accurate. You did not suffer any accidents or injuries during the work covered in this timecard. If you did experience an accident or injury, you must submit an accident report with this timecard.

Important Instructions

* Shifts with on-call, call-back or charge hours must be initialed by your supervisor in order to be paid.

* Overtime must be approved by your supervisor. Please have your supervisor initial any shifts with overtime hours.

* In order to be paid, you must document missed lunches and have your supervisor initial any shifts with missed lunches.

* If you are sent home early or cancelled for a shift, please indicate on your time card the number of hours called off.

* Please use military time when reporting your hours.

SUPERVISOR'S SIGNATURE

DATE

The hospital certifies that: hours shown are correct, work was done according to Quality Management standards, all hospital policies & requirements were met and hospital agrees to pay all invoices related to this timecard in full.