

PAYROLL TIME & EXPENSE FORM

Date:	Pay Period:				Agency:				
Facility: Employee Name/Signature:									
Manager/Supervisor Name:									
 Overtime shifts must be approved and initialed by your Supervisor. Please use Military Time when reporting your hours. If you are sent home early or cancelled for a shift, please indicate on your timecard the number of hours called off. 									
TIME KEEPING - Hours Worked									
Day of Week	Date: Shift Worked	Unit/Cost Center	Pay Type: Reg, OC, CB, Orient, Call off	Shift Time In	Lui Out	Lunch Out In		Total Hours	Nurse Manager Initials

Comments:

Questions:

Is this your first submitted timesheet on this assignment? Yes No

IMPORTANT FOR EMPLOYEE: You certify all time recorded on this timecard as true and accurate. If you take more than one meal period per shift, you must record the second meal period under the first. You did not suffer any accidents or injuries or harassment during the work covered in this timecard. If you did experience an accident or injury, you must submit an accident report with this timecard.

CA Employees Only: By signing above, you also certify that you were provided with and either took or voluntarily waived an unpaid meal period of at least 30 minutes, for every work period of more than five hours. During these off-duty meal periods, you were relieved of all duties and free to leave the premises. You also certify you were authorized and permitted to take a 10-minute rest period for every work period of four [4] hours or major portion thereof for shifts that are 3.5 hours or longer. If you are prevented from taking a required meal or rest period, you must record it on the timecard, and you must immediately notify your Aya payroll representative in writing.

IMPORTANT FOR CLIENT: By executing this form client 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.