



Weekly Timecard

The **deadline** for timecards is **Monday, 12:00pm E.S.T.** Please fax to 1-718-412-9325 or email to timecards@medwavehealthcarestaffing.com

Name: _____ Hospital: _____ Week Ending: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Time in							
Time out							
Meal (minutes)							
Totals:							
Supervisor must initial for any O.T. hours/skipped meals							
On-call time in							
On-call time out							
Call back time in							
Call back time out							
In-charge hours							
Called off hours							

Comments:

I attest that the hours shown on this timesheet were worked by me during the time period shown above and that the hours were properly certified by an authorized representative of the client facility.

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

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.
- *Please use military time when reporting your hours, writing clearly and legibly