On Assignment® Nurse Travel

IMPORTANT INFORMATION ABOUT COMPLETING THIS TIMESHEET

1. PRINT NEATLY WITHIN BOXES. DO NOT INCLUDE EXTRA PUNCTUATION.
2. **FAX THIS TIMESHEET TO 877-717-5797 BY SUNDAY MIDNIGHT FOR PROMPT PYMNT.**
3. ROUND ALL RECORDED TIME TO THE NEAREST QUARTER HOUR (.00; .25; .50; .75) ONLY.
4. **PAYROLL HELPLINE: 877-719-1400**

V 4.04

HOSPITAL INFORMATION	On Assignment EMPLOYEE		
Hospital Name (including city and state)	Last Name	First Name	Week-Ending Date

USE 24 HOUR (MILITARY) TIME. *Do Not Include On Call - Not Worked or On Call - Worked (Called In) in the Total Hours. See CALL TIME SECTION Below.

DAY	Dates Mnth Day	Time In Hour Minutes	Lunch Hour Minutes	Time Out Hour Minutes	Total Hours Worked* Hour Minutes	Cost Center or Unit	Do Not Write in This Space
Sun		:	:	:	:		
Mon		:	:	:	:		
Tue		:	:	:	:		
Wed		:	:	:	:		
Thur		:	:	:	:		
Fri		:	:	:	:		
Sat		:	:	:	:		
	TOTALS	.	.	.	.		

	ON CALL HOURS WORKED					On Call not Worked	
DAY	Dates Mnth Day	Time In Hour Minutes	Lunch Hour Minutes	Time Out Hour Minutes	Total Call Hours* Hour Minutes	Total Hour Minutes	Do Not Write In This Space
Sun		:	:	:	:	:	
Mon		:	:	:	:	:	
Tue		:	:	:	:	:	
Wed		:	:	:	:	:	
Thur		:	:	:	:	:	
Fri		:	:	:	:	:	
Sat		:	:	:	:	:	
	TOTALS	.	.	.	.	.	

HOSPITAL AUTHORIZATION	ALTERNATE MAILING INFORMATION	EMPLOYEE TIMESHEET CERTIFICATION
The total number of hours worked is correct	*If no address is provided, check will be sent to the address on file.*	
	Send Check or Stub To: ❑ Fed Ex (15.00 fee)	
Hospital Authorized Signature Date		Employee Signature** Date

**My signature above acknowledges that the time I have entered above is correct and accurate, and I have not been coerced or encouraged in any manner to enter inaccurate hours. During this workweek, I have taken all the unpaid breaks to which I was entitled and have taken all unpaid meal periods or signed waivers for all on duty meal periods.