



TIMESHEET PROCEDURE:
 Email to: timesheets@jacksonnursing.com OR
 Fax to: 866.724.2887 by 10:30 AM Eastern Time Monday

Employee Name (Last, First)							
Facility Name							
(enter date)	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Unit							
Start Time							
End Time							
Lunch							
Orientation Hours Total							
Total Hours							
*** TOTAL WEEKLY HOURS ***							

Client Signature							
Client's signature authorizing actual hours worked must appear for each shift worked.							

If total hours does not equal your guarantee, please indicate the reason below				NOTES:			
<input type="checkbox"/> Facility Dismissed Early <input type="checkbox"/> Sick <input type="checkbox"/> Planned/requested time off <input type="checkbox"/> Other _____							

Hours as Charge Nurse		<i>Represents the total hours worked per shift in a charge nurse capacity. Must be supported by assignment sheet.</i>					
Total Hours							Wk. Total
Client Signature							

On Call Schedule		<i>Represents your agreed upon availability to return on short notice if contacted by the facility. You will receive "ON CALL" pay for all hours within the "On Call Schedule", unless you are called back. "On Call" pay resumes after completing the work required during "Call Back".</i>					
Scheduled Start Time							Wk. Total
Scheduled End Time							
Scheduled Start Time							
Scheduled End Time							
Total Hours							Wk. Total
Client Signature							

Call Back		<i>Represents hours within the "On Call Schedule" that you have been called back to work. When called back to work, you will receive "Call Back" pay. If "Call Back" hours are needed to meet the weekly guaranteed hours, they are paid at regular pay rates. During "Call Back" you will not receive "On Call" pay.</i>					
First Call Back							
Time In							Wk. Total
Time Out							
Second Call Back							
Time In							Wk. Total
Time Out							
Total Hours							Wk. Total
Client Signature							

I certify that the hours shown represent total hours worked and that all hours were verified properly by an authorized representative of the facility.		JNP USE					
Employee Signature	Date						