



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)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
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

- Facility Dismissed Early
- Sick
- Planned/requested time off
- Other _____

NOTES:

Hours as Charge Nurse *Represents the total hours worked per shift in a charge nurse capacity. Must be supported by assignment sheet.*

Total Hours								Wk. Total
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Client Signature

On Call Schedule *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".*

Scheduled Start Time								
Scheduled End Time								
Scheduled Start Time								
Scheduled End Time								
Total Hours								Wk. Total

Client Signature

Call Back *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.*

First Call Back							
Time In							
Time Out							

Second Call Back							
Time In							
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