



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

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.

Employee Signature _____ Date _____

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