

			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)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Unit									
Start Time									
End Time									
Lunch									
Total Hours									
*** TOTAL WEEKLY HOURS ***									
Client Signature	nurse to send signed copy or use back-up from facility								
This timesheet used for your record keeping. If facility provides timekeeping report, it will supercede this report.									
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			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 all the time entered above is correct and that I have had the opportunity to take all meal and rest breaks according to the laws of the state in which I am working.			JNP USE						
YES		NO							
Employee Signature		Date							