

WHITE COPY OF TIMECARD **MUST** BE IN BY **MONDAY AT 9AM**. IF NOT COMPLETED PROPERLY, IT WILL CREATE DELAYS IN PROCESSING YOUR PAYCHECK. CALL STAT STAFFING UPON COMPLETION OF ASSIGNMENT FOR NEXT POSSIBLE ASSIGNMENT.

# TIMECARD INSTRUCTIONS

- RN's must **WRITE MS** for each non-specialty shift worked **IN THE SPEC COLUMN**
- RN's must **WRITE** the specialty for each shift worked **IN THE SPEC COLUMN**, using the following abbreviations:

CCU	ER	ICU	NICU	OB	OR
PCU	PICU	PSYC	RR	TEL	

OTHER: \_\_\_\_\_

STATTEAM@STATSTAFFING.COM | TEL: 412.434.STAT | FAX: 412.434.7848

CLIENT NAME	UNIT OR FLOOR
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1. ABC Hospital	2
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YOUR NAME	LAST FOUR DIGITS OF SSN
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3. Nancy Smith	4
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DATE: WEEK-ENDING FRIDAY	CLASSIFICATION	JOB NUMBER
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5	6. RN	7
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DATE	Time Started	Time Finished	Less Lunch	Regular Hrs	OT Hrs	SPEC	Client Signs Daily
SAT							
SUN							
MON	8	9	10	11	12	13	14
TUES							
WED							
THURS							
FRI							
TOTAL HOURS TO NEAREST ¼ HOUR				16			

I certify that I have worked the hours recorded on this timecard and that they were properly verified by the Client or by an authorized representative of the Client.

YOUR SIGNATURE
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17

Client: Client agrees to the terms of Net Upon Receipt. Client agrees not to employ, in any capacity, the person whose signature is affixed above, either directly or through another staffing company, on a temporary, contract, full-time or part-time basis until said individual works a minimum of 1,200 hours for Client through STAT Staffing Medical Services ("STAT"). If Client employs said individual prior to the expiration of the 1,200 hour period, Client shall pay STAT a conversion fee as set forth in the Staffing Agreement between STAT and the Client, which is incorporated herein by reference. If there is no Staffing Agreement, then the conversion fee shall be 27% of said individual's annual salary. Client certifies that the total hours reflected on this timecard are accurate and that the work was performed satisfactorily.

CLIENT SIGNATURE	DATE
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18	19
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PLEASE PRINT NAME (CLIENT)	TITLE
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20	21
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- TIMECARDS ARE TO BE FAXED, EMAILED OR DROPPED OFF EVERY **MONDAY BY 9:00AM** TO GET PAID ON FRIDAY.
- YELLOW COPY IS FOR THE CLIENT. PINK COPY IS FOR YOUR RECORDS.
- STAT STAFFING MEDICAL SERVICES, INC WORK WEEK STARTS SATURDAY AT 7:00AM AND ENDS THE FOLLOWING SATURDAY AT 6:59AM.
- YOU MUST FILL OUT A SEPARATE TIMECARD FOR EACH DIFFERENT FACILITY AT WHICH YOU WORK IN A ONE WEEK PERIOD.
- PAYCHECKS WILL BE DISTRIBUTED ON FRIDAY BETWEEN THE HOURS OF 9:00AM – 2:00PM. PLEASE CALL AHEAD TO PICK UP YOUR CHECK.

1. **CLIENT NAME:** Enter facility name.
2. **UNIT / FLOOR:** Enter name / number of floor / unit.
3. **YOUR NAME:** Enter your name.
4. **SOCIAL SECURITY NUMBER:** Enter last four digits of SSN.
5. **DATE: WEEK-ENDING FRIDAY:** Enter the week ending date (which is always the Friday of the week you are currently working).
6. **CLASSIFICATION:** Enter your classification: RN, LPN, PT, RRT, etc.
7. **JOB NUMBER:** Leave this block blank.
8. **DATE:** Enter the calendar date under the day of the week you worked.
9. **TIME STARTED:** Enter the time you began working.
10. **TIME FINISHED:** Enter the time you finished working.
11. **LESS LUNCH:** Enter the amount of time off duty for meals. ALL MEALS MUST BE SUBTRACTED FROM TOTAL HOURS WORKED—IF NOT INDICATED PAYROLL WILL AUTOMATICALLY SUBTRACT AN HOUR FROM TOTAL HOURS WORKED THAT DAY.
12. **REGULAR HOURS:** Enter the total number of hours you worked that day **MINUS LUNCH**.
13. **OVERTIME HOURS:** Enter the total number of hours worked in surplus of regular hours. Any hours past your scheduled time must be approved by a Supervisor with his/her initials and "OT Approved."
14. **SPEC:** Enter the non-specialty or specialty from the list of abbreviations on the timecard that you worked for each shift. If an abbreviation is not on the time you can write it under other.
15. **CLIENT SIGNS DAILY:** Client is to initial to approve hours daily.
16. **TOTAL HOURS TO NEAREST ¼ HOUR:** Enter total regular and total overtime hours worked. STAT Staffing will pay to the nearest ¼ hour.
17. **YOUR SIGNATURE:** Sign your name to verify that all the information on the timecard is correct.
18. **CLIENT SIGNATURE:** The client is to sign the timecard after the last shift worked to verify that the hours and information provided on the timecard are correct. STAT Staffing Medical Services, Inc. will not produce a paycheck if a client signature is not provided.
19. **DATE:** Enter the calendar date the client signed.
20. **CLIENT PRINT NAME:** Enter client's printed name.
21. **TITLE:** Enter client's title.