

WHITE COPY OF TIMECARD MUST BE IN BY SATURDAY AT 9:00AM. IF NOT COMPLETED PROPERLY, IT WILL CREATE DELAYS IN PROCESSING YOUR PAYCHECK. CALL STAT STAFFING UPON COMPLETION OF ASSIGNMENT FOR NEXT POSSIBLE ASSIGNMENT.



- 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

YOUR NAME LAST FOUR DIGITS OF SSN

DATE: WEEK-ENDING FRIDAY CLASSIFICATION JOB NUMBER

DATE	Time Started	Time Finished	Less Lunch	Regular Hrs	OT Hrs	SPEC	Client Signs Daily
SAT							
SUN							
MON							
TUE							
WED							
THURS							
FRI							

TOTAL HOURS TO NEAREST ¼ HOUR

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

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

PLEASE PRINT NAME (CLIENT) TITLE