

# Agency Timecard

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Fax #: 800-705-1466

Client: **Johns Hopkins Health System** Facility/Location: **Howard County General Hospital**

Date	Unit	Time In (24h)	Meal Period (mins)	Time Out (24h)	Daily Totals (in exact hours and minutes)			Mandatory Facility Daily Signature	Shift not worked at request of: F-Facility HP-Healthcare Prof!
					Regular	Call Back	On Call		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/>	<input type="text"/> : <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="text"/>
Mandatory Facility Signature for Early Arrival: _____		Mandatory Facility Signature for No Meal Period Taken: _____		Mandatory Facility Signature for Late Departure: _____			Reason for Overtime or Missed Lunch: _____		
<b>WEEKLY TOTAL</b>					<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>		

## Special Pay Instructions



I affirm that the time recorded above is accurate and all required approvals have been obtained.

Dated: \_\_\_\_\_ Healthcare Professional's Signature: \_\_\_\_\_

The undersigned certifies that he or she is an authorized representative of the client company and that the above record of time worked by the named employee is correct. Payroll cannot process timecards without an authorized signature.

Dated: \_\_\_\_\_ Facility Authorization: \_\_\_\_\_ Title: \_\_\_\_\_

**Documentation of all hours worked (timecard) must be received by 5:00 pm PT Monday after the end of the pay period.**