



Chesapeake Medical Staffing Inc. TIME CARD

The deadline for time cards is Monday, 12:00pm E.S.T. Please fax to 410-321-4980 or e-mail to timeslips@cms24-7.com. Thank you.

Name: _____ Facility: _____ Week Ending: _____

	DATE	TIME IN	MEAL PERIOD(S)		TIME OUT
			OUT	IN	
SU					
MO					
TU					
WE					
TH					
FR					
SA					

TOTAL HOURS:

TOTAL HOURS	ON CALL HOURS	CALL BACK HOURS	ORIENT HOURS	CHG/PRE HOURS	OVERTIME HOURS	CALLED OFF	SUPERVISOR INITIALS

EMPLOYEE'S SIGNATURE _____ DATE _____

You certify all time recorded on this timecard as true and accurate. If you take more than one meal period per shift, you must record the second meal period under the first. Please note a 30 minute break will be deducted from each shift greater than 6 hours unless otherwise noted. Please use this section to notify and explain to your Chesapeake Medical Staffing Inc. Payroll representative of any excess time worked:

DATE(S)	EXPLANATION OF ANY EXCESS TIME

SUPERVISOR'S SIGNATURE _____ DATE _____

The hospital/facility certifies that: hours shown are correct, work was done according to Quality Management standards, all hospital policies & requirements were met and hospital agrees to pay all invoices related to this timecard in full.

To Employee: Important Instructions

- * Shifts with on-call, call-back or charge hours must be initialed by your supervisor.
- * Overtime must be approved by your supervisor. Please have your supervisor initial any shifts with overtime hours.
- * If you are sent home early or cancelled for a shift involuntarily, please indicate on your time card the number of hours called off.
- * Please use military time when reporting your hours.