

GREENSTAFF MEDICAL STAFFING WEEKLY TIME SHEET



Full Name:																
Facility :							Weekending									
REGULAR HOURS WORKED					OT/ON CALL HOURS					FACILITY INFORMATION						
DAY	DATE (MM/DD/YY)	START TIME (24 hr. time format)	END TIME (24 hr. time format)	LUNCH	TOTAL REGULAR HOURS	TOTAL OT HOURS	ON CALL HRS/ BEEPER	CALL BACK START	CALL BACK END	CALL BACK HOURS	UNIT/ FLOOR	CHARGE	SUPERVISOR NAME	SUPERVISOR SIGNATURE (NO LUNCH) ADDITIONAL SIGNATURE NEEDED	SUPERVISOR SIGNATURE TIMECARD APPROVAL TO INCLUDE ANY OT	COMMENTS
SUN																
MON																
TUE																
WED																
THU																
FRI																
SAT																
WEEKLY TOTALS																
Guaranteed HRS					supervisor's Name:							Supervisor's Signature:				

TIMESEET SUBMISSION INFORMATION

1) PLEASE ENSURE THAT ALL TIME SHEETS ARE SENT BY EMAIL NO LATER THAN MONDAY 10AM CST AT Timecards.US@greenstaffmedical.com	2) <u>GUARANTEED HOURS:</u> These are conditional based on the client cancellation policy listed in your offer letter and your availability throughout the week. <i>Please get each day signed for scheduled shifts and any cancellations.</i>
3) <u>TIMECLOCKS:</u> all times above should match with facility clock in and clock out report.	4) <u>EXCEPTION REPORT:</u> this is a form that you need to fill out to get your manager to correct your clock in and out times if they are in error; once edits are made; please notify payroll for payment.
5) <u>LUNCH:</u> as per facility rules will automatically be deducted unless you have a supervisor's signature in the specified column in the timecard above for no lunch approval.	6) For any payroll queries send us an email at GreenstaffUSPayroll@greenstaffmedical.com