



TIMESHEET PROCEDURE:
 Email to: timesheets@onyxhealthstaff.com OR
 Fax to: 888 597-2236 by 10:30 AM Central Time Monday

Employee Name (Last, First)

Facility Name

(enter date)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Unit								
Start Time								
End Time								
Lunch								
Orientation Hours Total								
Total Hours								

***** TOTAL WEEKLY HOURS *****

Client Signature

Client's signature authorizing actual hours worked must appear for each shift worked.

If total hours does not equal your guarantee, please indicate the reason below

Facility Dismissed Early
 Sick
 Planned/requested time off
 Other _____

NOTES:

Hours as Charge Nurse *Represents the total hours worked per shift in a charge nurse capacity. Must be supported by assignment sheet.*

Total Hours								Wk. Total
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Client Signature

On Call Schedule *Represents your agreed upon availability to return on short notice if contacted by the facility. You will receive "ON CALL" pay for all hours within the "On Call Schedule", unless you are called back. "On Call" pay resumes after completing the work required during "Call Back".*

Scheduled Start Time								
Scheduled End Time								
Scheduled Start Time								
Scheduled End Time								
Total Hours								Wk. Total

Client Signature

Call Back *Represents hours within the "On Call Schedule" that you have been called back to work. When called back to work, you will receive "Call Back" pay. If "Call Back" hours are needed to meet the weekly guaranteed hours, they are paid at regular pay rates. During "Call Back" you will not receive "On Call" pay.*

First Call Back								
Time In								
Time Out								

Second Call Back								
Time In								
Time Out								
Total Hours								Wk. Total

Client Signature

I certify that the hours shown represent total hours worked and that all hours were verified properly by an authorized representative of the facility.

OHS Use

Employee Signature **Date**