ONYX
HEALTH CARE STAFFING

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)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
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

NOTES:

☐ **Facility Dismissed Early**

☐ **Sick**

☐ **Planned/requested time off**

☐ **Other** _____

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

								Wk. Total
Total Hours								
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

Rev6/29/2018