



Action Staffing Solutions

HealthCare Division

EMAIL timecards@myactionstaffing.com and copy
melody@myactionstaffing.com OR Fax to (720) 442-7728

Timecards must be submitted Monday at 9:00 AM MST to guarantee pay on time.

<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> QMAP <input type="checkbox"/> Other: _____								WEEKLY TIME SHEET	
Employee Name:							Week Ending Date:		
Facility/ Department:					Unit Manager:			Supervisor Name:	
Day	Date	Start Time	Lunch Out	Lunch In	End Time	Regular Hours	OT Hours	Supervisor Signature	Notes
SUN									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
MON									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
TUES									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
WED									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
THURS									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
FRI									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
SAT									
Mark what apply for the shift above: <input type="checkbox"/> On Call <input type="checkbox"/> Cancelled <input type="checkbox"/> Volunteered to leave <input type="checkbox"/> Sick <input type="checkbox"/> Holiday									
Please use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30MIN = .50HRS 45MIN = .75HRS									
Employee Signature:					Total Approved Hours:	Regular	OT	Supervisor Signature:	Overtime Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
									Date:
Employee Signature: I certify that the hours showed above represent my total hours, are true and correct, and that they were properly verified by the client or an authorized representative. I understand that falsification of this document is against Company policy and is grounds for immediate termination.							Client Approval: I have audited this timecard and my signature above authorizes Action Staffing Solutions to pay this employee and bill our facility for the hours recorded		

Action Staffing Solutions will invoice CLIENT for services provided under this Agreement on a weekly basis. Payment is due on receipt of invoice. Invoices will be supported by the pertinent time sheets or other agreed system for documenting time worked by the Assigned Employees. SUPERVISOR's signature or other agreed method of approval of the work time submitted for Assigned Employees certifies that the documented hours are correct and authorizes STAFFING FIRM to bill CLIENT for those hours.