



American Medical Staffing Timecard

The deadline for timecards is Sunday at 12:00pm EST.
Please upload your timecard into your Workforce Portal.

Name: _____ Facility: _____ Week Ending: _____

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

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

TOTAL HOURS:

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 American Medical Staffing, Inc. Payroll representative of any excess time worked:

SUPERVISOR'S SIGNATURE _____

DATE _____

SUPERVISOR'S FULL PRINTED NAME _____

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.
- * Please use military time when reporting your hours.