


# How To Fill Out Timecard

- ❖ Use a dark blue or black pen
- ❖ Complete all areas of the time sheet
- ❖ Record accurate start and end times as well as number of minutes for lunch
- ❖ Be sure to have the supervisor sign off on each shift, after each shift worked. Do **NOT** wait until the end of the week to have signed.



**FAST PACE**  
MEDICAL STAFFING

Employee Name: John Doe

Occupation: LPN

Facility: Brookfield Rehab

Reminder: One Time Sheet Per Facility/ One Time Sheet Per Week

Day	Date	Time In	Time Out	# of Minutes taken for lunch	Total Hours Worked	Unit/Floor	Client Signature and Title
Sunday	8/9/20	6am	2:30pm	30min	8		C. Zocher
Monday	8/10/20	6am	2:45pm	30min	8.25		C. Zocher
Tuesday							
Wednesday	8/12/20	6am	2:30pm	0	8.5		C. Zocher
Thursday							
Friday							
Saturday							
Total Hours							

\* You MUST state your lunch time. **"NO LUNCH" must be approved by facility**

\* Any Overtime MUST have prior approval before working

\* No Call/No Show serves as voluntary resignation


\* If you need to call in, 4 hours notice is required! Call outs require verifiable documentation

By signing below, I certify that I have worked the hours listed on this time sheet, and I will abide by the rules, procedures, and policies referenced in the Fast Pace Employee Handbook I received upon hire.

Employee Signature: John Doe

Time Sheets must be uploaded to the WorkForce Portal by: Monday at 8 am, any late timecards will be paid out the following pay period.

# Uploading Timecard to Work Force Portal



**FAST PACE**  
MEDICAL STAFFING

Employee Name: John Doe

Occupation: LPN

Facility: Brookfield Rehab

Reminder: One Time Sheet Per Facility/ One Time Sheet Per Week

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Tuesday							
Wednesday	8/12/20	6am	2:30pm	0	8.5		C. Zacher
Thursday							
Friday							
Saturday							
				Total Hours			

\* You MUST state your lunch time. **"NO LUNCH" must be approved by facility**  
 \* Any Overtime MUST have prior approval before working  
 \* No Call/No Show serves as voluntary resignation  
 \* If you need to call in, 4 hours notice is required! Call outs require verifiable documentation

By signing below, I certify that I have worked the hours listed on this time sheet, and I will abide by the rules, procedures, and policies referenced in the Fast Pace Employee Handbook I received upon hire.

Employee Signature: John Doe

Time Sheets must be uploaded to the WorkForce Portal by: **Monday at 8 am, any late timecards will be paid out the following pay period.**

- ❖ Take a photo with your camera. **NOT** a printer or scanner
- ❖ Crop photo to make sure to include only the timecard
- ❖ Be sure that all information is clear and can be easily read from photo

## Log in to work force portal: (Your username is your email address)

<https://ctms.contingentalentmanagement.com/fastpace/WorkforcePortal/>



Workforce Portal

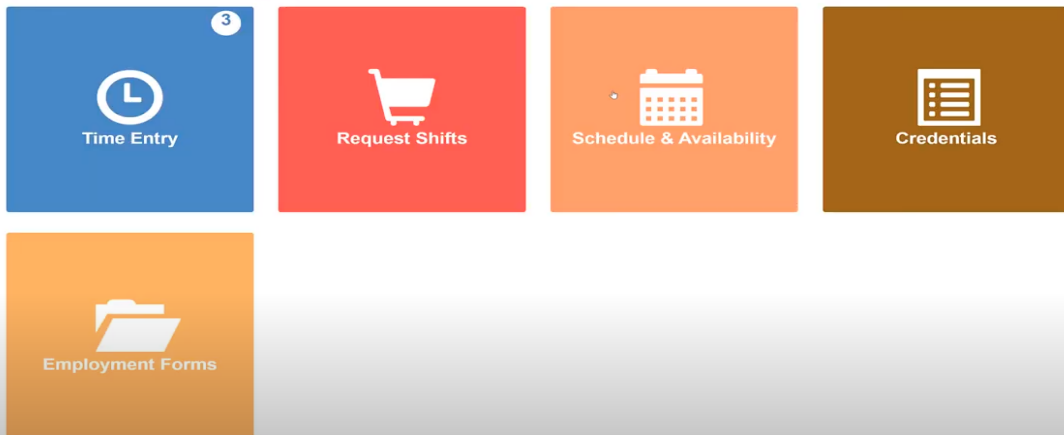
Username: vmbuccelli@gmail.com

Password: .....

Log In

[Forgot Credentials](#)

What you will see when you log in



Once logged in to the work force portal, the blue tile will show a number of shifts that have been worked and need a timecard uploaded

Click:



View when you click on Time Entry:

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Pay Period: 09/08/2019 - 09/14/2019

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### Create Timesheet

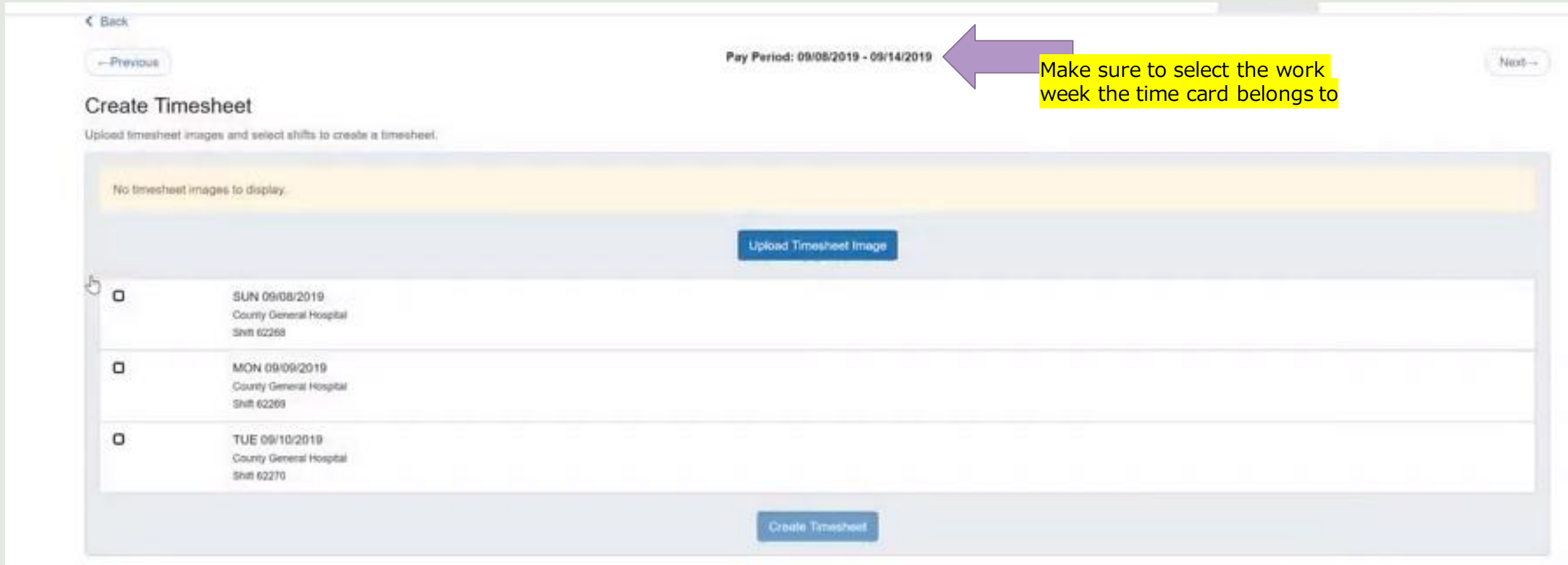
Upload timesheet images and select shifts to create a timesheet.

No timesheet images to display.

Upload Timesheet Image

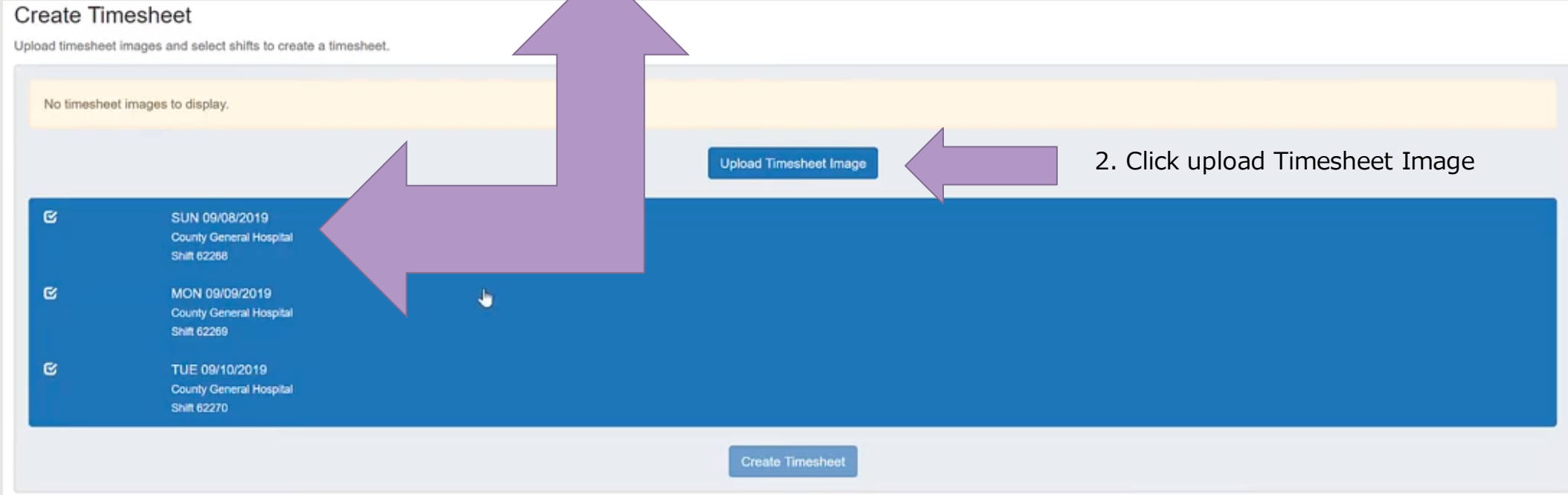
- SUN 09/08/2019  
County General Hospital  
Shift 62268
- MON 09/09/2019  
County General Hospital  
Shift 62269
- TUE 09/10/2019  
County General Hospital  
Shift 62270

Create Timesheet

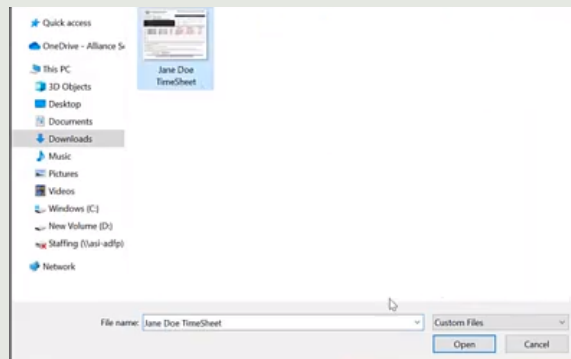


Once you are on the correct pay week, continue with the following steps to upload your timecards:

1. Check the boxes next to the shifts listed on the timecard (only check the ones that match the timecard uploaded, if you worked more than one facility, you will have to upload and repeat process again).



2. Click upload Timesheet Image



3. Choose photo to upload

Upload Timesheet Image

4. Once you have uploaded image, scroll down and click Create Timesheet

**FAST PAGE**  
MEDICAL STAFFING

Employee Name: John Doe  
Occupation: LPN  
Facility: BOOKER RD KATHO D

Remember: One Time Sheet Per Facility/One Time Sheet Per Week

Day	Start	Time In	Time Out	Midday Lunch	Midday Rest	Unit/Floor	Emp. Signature and Title
Sunday	8:00 AM	8:00 AM	2:30 PM	30min	0		C. Zychowicz
Monday	8:00 AM	8:00 AM	2:30 PM	30min	0		C. Zychowicz
Tuesday	8:00 AM	8:00 AM	2:30 PM	30min	0		C. Zychowicz
Wednesday	8:00 AM	8:00 AM	2:30 PM	0	8:5		C. Zychowicz
Thursday							
Friday							
Saturday							

\* You MUST state your lunch time.  
\* NO LUNCH must be reported by RNs  
\* No Call/no show occurs a voluntary resignation  
\* If you need to call in, a 6-hour notice is required! Call calls require verifiable documentation  
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Employee Signature: John Doe      **Signature of the Unit Manager and the Unit Director Must be Present**

SUN 09/08/2019  
County General Hospital  
Shift 62268

MON 09/09/2019  
County General Hospital  
Shift 62269

TUE 09/10/2019  
County General Hospital  
Shift 62270

Create Timesheet



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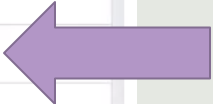
Next -->

### Unsubmitted Timesheets

Verify Time and Submit Timesheet Below

SUN 09/08/2019 County General Hospital Shift 62268	7.5
MON 09/09/2019 County General Hospital Shift 62269	7.5
TUE 09/10/2019 County General Hospital Shift 62270	7.5

Add and Remove Shifts



5. You will have to click on each shift, one at a time and enter the times that match your timecard for each shift.

**FAST PACE**  
MEDICAL STAFFING

Employee Name: John Doe  
 Employee ID: 123456789  
 Facility: St. Michael's Hospital  
 Shift: Renald

Remember: One Time Sheet Per Facility/One Time Sheet Per Week

Day	Start	Time In	Time Out	Minutes for Breaks	Total Hours	Unit/Prep	Client Signature and Title
Sunday	8:30am	10:00am	4:30pm	30min	8.75		<u>C. Spencer</u>
Monday	8:30am	10:00am	4:45pm	30min	8.75		<u>C. Spencer</u>
Tuesday	8:30am	10:00am	4:30pm	30min	8.75		<u>C. Spencer</u>
Wednesday							
Thursday							
Friday							
Saturday							

\* No call-in dates and back time - 240 Unpaid and 240 Paid hours  
 \* Any Overtime MUST have prior approval before working  
 \* No call-in Show arrival as voluntary resignation  
 \* If you need to call in, 4 hours notice is required! Call outs require verifiable documentation  
 By signing below, I certify that I have worked the hours stated on this time sheet, and I will adhere to the rules, policies, and orders referenced in the Fast Pace Employee Handbook. I received upon hire.  
 Employee Signature: John Doe  
 Supervisor Signature: [Signature]  
 Mission at St. Michael's: We serve patients with the same love and care that we give our families.

Timesheet

Upload Additional Images

Submit Timesheet

SHIFT 09/08/2019 (ID 62268)

In Time: 06:00 AM

Out Time: 02:00 PM

Unit / Floor: None

Charge?:  Yes  No

Meal: 30 minutes

ONCALL: 0 hour(s) Clear

CALLBACK: 0 hour(s) Clear

COMMENT (150 characters)

**FAST PACE**  
MEDICAL STAFFING

Employee Name: John Doe  
Occupation: LPN  
Facility: PROSPECTA Rehab

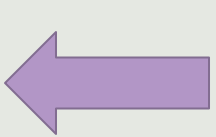
Day	Time In	Time Out	Hours	Minutes	Notes
Monday	06:00 AM	02:00 PM	8	00	
Tuesday	06:00 AM	02:00 PM	8	00	
Wednesday	06:00 AM	02:00 PM	8	00	
Thursday	06:00 AM	02:00 PM	8	00	
Friday	06:00 AM	02:00 PM	8	00	

Employee Signature: John Doe

6. Enter your arrival time, departure time, and number of minutes for lunch

The time you enter **MUST** match your timecard exactly.

If you did not take a lunch, you will set the 30 to 0. Your timecard **MUST** state "No Lunch" and be signed by facility.



7. Save Shift (Repeat step 6 & 7 for each shift)



## Unsubmitted Timesheets

Verify Time and Submit Timesheet Below

SUN 09/08/2019 County General Hospital SHR 62268	7.5
MON 09/09/2019 County General Hospital SHR 62269	7.5
TUE 09/10/2019 County General Hospital SHR 62270	7.5

Add and Remove Shifts

**FAST PACE**  
FEDERAL STAFFING

Employee Name: **John Doe**  
Organization: **LYN**  
Agency: **Crossfield Rehab**

Submit this time sheet for weekly pay period

Day	Time	Rate	Notes
SUN 09/08/2019	8:00 AM - 4:00 PM	7.5	
MON 09/09/2019	8:00 AM - 4:00 PM	7.5	
TUE 09/10/2019	8:00 AM - 4:00 PM	7.5	

*John Doe*

**Submit Timesheet**

Upload Additional Images

**Submit Timesheet**

8. Click Submit Timesheet

Your timesheet has been submitted



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#### Submitted Timesheets

SUN 09/08/2019 County General Hospital Shift 62268	7.5	Sub
MON 09/09/2019 County General Hospital Shift 62269	7.5	Sub
TUE 09/10/2019 County General Hospital Shift 62270	7.5	Sub

9. If you did everything correctly,  
you will receive the green bar

**Reminder:** this if you worked at multiple locations in the work week, you will have to do this for every location/time card