

Timecard for Fast Pace Medical Staffing

Week Ending:

First name

Last Name

Name of facility

Certification

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time In:	Time In:	Time In:	Time In:	Time In:	Time In:	Time In:	Time In:
Signature:	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:	Lunch:
Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:
Signature:	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Total Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:	Total Hours:

*** You must have your start time and end time verified via Staff Signature each day that you work. -Failure to do this could result in late processing of payroll.**

* You must take a 1/2 lunch, unless you are at a program that you are not able to take a lunch. -"No lunch" must be approved by facility.

* Any overtime or shifts outside of scheduled hours, must have prior approval before working. -Failure to do this could result in late processing of payroll.

* 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 Handbook.

Employee Signature: _____ Date: _____

Timesheets must be uploaded to the Workforce Portal by Sunday at 12pm, any late timecards will be paid out the following pay period.