

# 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 STARTING

Employee Name: John Doe  
Occupation: LPN  
Factory: Brookfield Rehab

Signature: *John Doe*

Day	Time In	Time Out	Lunch	Minutes	Total	Supervisor Signature and Title
Sunday	8:30 AM	3:00 PM	30 min	0		<i>E. Spachman</i>
Monday	8:30 AM	3:00 PM	30 min	0		<i>E. Spachman</i>
Tuesday	8:30 AM	3:00 PM	30 min	0		<i>E. Spachman</i>
Wednesday	8:30 AM	3:00 PM	30 min	0		<i>E. Spachman</i>
Thursday	8:30 AM	3:00 PM	30 min	0		<i>E. Spachman</i>
Friday						
Saturday						

No valid time per user time. **NO LUNCH** must be entered on holiday.  
 All overtime must have prior approval before working.  
 All call time must be entered as voluntary assignment.  
 All call time must be entered as required. Call time requires verifiable documentation.

Supervisor Signature: *John Doe*

Employee Signature: *John Doe*

FAST PACE MEDICAL STARTING

# Uploading Timecard to Work Force Portal

- ❖ 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

**FAST PRICE**

**MEDICAL STAFFING**

Employee Name: John Doe

Occupation: LPN

Facility: Brookfield Rehab

Remember Our Time Sheet for Salary/ Ours Time Sheet Form

Day	Date	Time In	Time Out	# of Minutes taken for Lunch	Total Minutes Worked	Unit/ Hour	Chief Signature and Title
Sunday	8/19/14	1:00pm	2:30pm	30min	8		<i>E. Jackson</i>
Monday	8/19/14	1:00pm	2:45pm	30min	8:45		<i>E. Jackson</i>
Tuesday							
Wednesday	8/20/14	1:00pm	2:30pm	30	8:5		<i>E. Jackson</i>
Thursday							
Friday							
Saturday							

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

\* Any Overtime MUST have prior approval before working

\* No Call/No Show counts as voluntary resignation

\* If you need to call in, a 1-hour notice is required! Call calls require verifiable documentation

By signing this card, I certify that I have worked the hours stated on this time sheet, and I understand that any falsification of this time sheet is a violation of the company's policy and may result in disciplinary action.

Employee Signature: *John Doe*

Signature of Chief: *E. Jackson*