

Timecard

Date   Unit   Time In   Winst   Time Out   Regular   Call Back   On Call   Charge Nurse   Cancelled Shift   Appr     Image: Im	Mail   Mail   Mark this box   Canalled Shift   Appr     Image:	Facility Na	ame:			Facility Location (City, State):						
Date   Unit   Time In   Period (Mins)   Time Out   Regular   Call Back   On Call   Charge Nurse   Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Charge Nurse   Image: Cancelled Shift   Appr     Image: Call Back   On Call   Image: Call Back   On Call   Image: Call Back   I	Date   Unit   Time In (Mins)   Time Out (Mins)   Regular   Call Back   On Call   Charge Nurse   Canceled shift   Appr     Image: Ima			I	NOTE: Plea	ase indicate yo	ur 'In' and 'Out'	times using milita	ary time.			
Image: Control of the second secon	The undersigned certifies that he or she is an authorized representative of the client and that the above record of time worked by the Healthcare Professional's Signature: The undersigned certifies that he or she is an authorized representative of the client and that the above record of time worked by the Healthcare Professional is correct.	Date	Unit	Time In	Period	Time Out	5				"F" for Facility	Daily Approva
I affirm that the time recorded above is accurate and all required approvals have been obtained.	I affirm that the time recorded above is accurate and all required approvals have been obtained. Healthcare Professional's Signature: Date: The undersigned certifies that he or she is an authorized representative of the client and that the above record of time worked by the Healthcare Professional is correct.											
		la	ffirm that the time reco	rded above is accu			ve been obtained.					

Your timecard must be submitted via fax or email, to the designated location you have been given by your Nursefinders office, no later than 5:00pm PST every Monday. A separate timecard must be submitted for each facility worked at during the work week.