

HOSPITAL PHARMACY STAFFING IS OUR SPECIALTY, AND HAS BEEN FOR OVER 35 YEARS.



31711

Saturday Ending Weekly Employee Timesheet

Time sheet must be received by Monday, 1:00pm (EST). Payroll Fax: (773)444-0765



Required to process your time card

Week Ending Saturday (MM/DD/YYYY)

		/			/				
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Client Name

Employee First and Last Name _____

Example:	1	2	/	0	2	/	0	1	0	8	:	2	0	1	2	:	4	5	0	1	:	1	5	0	5	:	3	5	0	8	.	7	5
	Date			Time-In			Meal-Out		Meal-In			Time-Out		Daily Total			Fraction																
	MM	DD		YY	HH	MM	HH	MM	HH	MM		HH	MM	HH	MM	HH	MM	Fraction															
Sun			/			:																											
Mon			/			:																											
Tues			/			:																											
Wed			/			:																											
Thu			/			:																											
Fri			/			:																											
Sat			/			:																											

Adjustments:

Mileage #	Per Diem	Hotel-Travel Expense	Misc. Expense	On-Call Hours

I hereby certify that the hours shown hereon were worked by me during the week-ending designated and were certified by an authorized representative of the customer. I understand that I am to contact the RPH On The Go USA, Inc. office upon completion of this assignment to discuss another assignment. If I do not do so, RPH On The Go USA, Inc. may assume I am not available for work.
PAYCHECK ISSUED ONLY IF TIME SHEET IS SIGNED BY CUSTOMER.

X _____
 Employee Signature

Total hours worked this week:					.		
Customer approval indicates acceptance of the terms and conditions printed below.							
X _____	Authorized Client Signature						
X _____	Print Name						

Employee Instructions: An employee time card must be completed and signed by both you and an authorized client representative in order for you to be paid for your work. There are no exceptions. Use a separate employee time card for each work week (Sunday through Saturday). Also use a separate time card for each client you work for within a given week. All authorized work in excess of 40 hours in a work week will be paid at time and one half the regular rate. You are permitted to work overtime only if the client requests and approves such work. Approval must be obtained from RPH On The Go USA, Inc. before overtime can be authorized. It is your responsibility to monitor your own hours and communicate them to RPH On The Go USA, Inc. The time card should be completed using actual hours worked, RPH On The Go USA, Inc. will round time worked to the closest 15 minute increment and will pay the employee in this manner.

Client Instructions: RPH On The Go USA, Inc. uses this employee time card to monitor and track the actual hours worked by our employees while on assignment. This form must be signed at the end of the work week by an authorized client representative who can verify the hours worked. If you have multiple employees from RPH On The Go, USA, Inc. on your premises, then each employee will have a separate time card. The client will be billed in 15 minute increments. If the employee is allowed to leave the premises for a meal, then they should not be paid for this time. If the employee cannot leave the premises or must work while he/she is eating, then the employee should be paid for this time and the time must be listed as hours worked. The client is responsible for overtime charges if any employee works in excess of 40 hours in any given work week. RPH On The Go USA, Inc. retains the right to correct errors, omissions, or mathematical mistakes.

Please send a separate timecard each week, for each client location.

Please indicate the facility where you worked (not RPh on the Go).

Most of our clients have a week ending on Sunday. You will be given a different timecard for clients with weeks ending on Saturday.

Please print with a blue or black pen.

RPh on the go
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 Week Ending Saturday (MM/DD/YYYY) _____ Client Name _____

Employee First and Last Name _____

Example: 12 / 02 / 01 08 : 20 12 : 45 01 : 15 05 : 35 08 : 75

	MM	DD	YY	HH	MM	HH	MM	HH	MM	HH	MM	HH	Fraction
Sun													
Mon													
Tues													
Wed													
Thu													
Fri													
Sat													

Adjustments:
 Mileage # _____ Per Diem _____ Hotel-Travel Expense _____ Misc. Expense _____ On-Call Hours _____

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X _____
 Employee Signature

Total hours worked this week: _____

Customer approval indicates acceptance of the terms and conditions printed below.
 X _____
 Authorized Client Signature
 X _____
 Print Name

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On-call is different than Call-Back Hours. Submit a separate timecard for Call-Back hours.

If the client has time-tracking system, the in/out times must match.

Total hours must match daily hours (please check math).

Mileage, per diem, hotel, travel and/or oncall time are only included if approved by the client and discussed with your recruiter. Mileage is calculated by using Google.com/maps.

Please round all times to the nearest .25 hour (15 minutes), unless your recruiter specifies otherwise.

Your signature is required.

If the blank timecard has been copied so many times that you can't read this section, please request a new timecard from your recruiter.

Your timecard is not valid without the client's signature.

* No extraneous notes or explanation - please only fill in the boxes *

