



Employee Name: _____

Facility Name: _____ Facility City/State: _____

Timecards are to be turned in by Noon CT on Mondays. Timecards can be emailed to payroll medicalpayroll@talentcorps.com or faxed to 972-945-0199. Timecards should be accurate and reflect all hours worked, lunches, and breaks taken. If your hours are not listed correctly this will cause a discrepancy with your time. Any discrepancies with your hours will be reconciled with what is approved by the facility, VMS, and/or client. All reconciliation hours will be reflected in your next paycheck if adjustments need to be made. Timecards should be signed by the employee and your supervisor. A copy of the Kronos or System approved timesheet should be sent in with your timecard. Medical Talent's pay period is Sunday through Saturday, unless different from the facility. Medical Talent will mirror that of said facility. By signing this timesheet, you certify that the hours worked are accurate and true. You also acknowledge that any employee who falsifies their time or records time for another employee, will be subject to corrective action up to including immediate discharge of employment.

Regular Hours:

Week Of:	Date	Start Time	Meal Break	End Time	Total Hours	Comment
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

TOTAL HOURS: _____

Employee Signature: _____

Supervisor Signature: _____

On Call Hours:

Week of:	Date	On-Call In	On-Call Out	Total On-Call	Call Back In	Call Back Out	Total Call Back
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Total On-Call Hours: _____ **Total Call Back Hours:** _____