



Employee: _____ Recruiter: _____

T R I A G E Facility: _____

**Please note: Timecards must be received by Monday at noon CST via
alliedfax@trigestaff.com or fax (800) 701-7437**

	Date	Start Time	End Time	Less Break	Total
Sun					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Total Hours					

On-Call Hours				Call-Back Hours		
Date	Start	Stop	Total	Start	Stop	Total
Total				Total		

Notes:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY

	Pay	Bill
REG		
OT		
ON CALL		
CALL BACK		
HOLIDAY		
Charge		
Double Time		
Differential		

Reimbursements		Allowances	
Housing Reimburse		Housing Allow	
Per Diem		Living Allow	
Mileage Reimburse		Car Allow	
Other		Other	