



T R I A G E

Employee: _____ Recruiter: _____

Facility: _____

Please note: Timecards must be received by Monday at noon CST via nursingfax@triagestaff.com or fax (800) 701-9287

	Date	Start Time	End Time	Less Break	Charge (Y/N)	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	