TIMECARD

FACILITY NAME: _____

Date	Shift Start Time	Shift End Time	Agency Staff name/Signature	Facility Shift Supervisor Name/Signature	Comment

Important: Agency Staff please note that pay days are the 10th and 25th of each month. Days worked from the 1st to 15th of the month are paid on 25th of the same month. Days worked from 16th to 30th /31st are paid on 10th of the following month. The last day to submit timecards are 17th for the 25th paycheck, and the 2nd for the 10th paycheck. Late submission of timecards will result in delay of check processing. Please make all writings eligible. Cross out times MUST be initial by shift RN supervisor for the timecard to be considered for payment.

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