



Clinical Trials PRN TIMECARD

Weekly Pay

EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)																												

Nurse Name: _____

Clinical Trial Name: _____

Date	Patient Last Name, First Initial	Start Time	End Time	Total Hours	Odometer Start	Odometer End	Total Miles	Patient Initials

Please upload time sheet and reconcile your time to Workforce Portal
Timecard due Monday by Midnight CST
 1.888.56NURSE

_____ **NURSE SIGNATURE**

_____ **DATE**