



PER DIEM / PRN TIMECARD

1.888.56NURSE Please upload JPG of timesheet to: Click here to access Workforce Portal

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

Staff Signature: Client/Facility Name:

Direct Deposit Pay Card

Table with columns: DATE, UNIT, TIME IN, TIME OUT, LUNCH, SUP. INITIALS, WORKED AS CHARGE NURSE, TOTAL HOURS WORKED, CLIENT INITIALS. Includes checkboxes for RN, RRT, LPN, CRT, CST/ORT, C.N.A.

Other:

Table with columns: DATE, ON CALL, CALL BACK, CALL BACK, CALL BACK, ON CALL, CLIENT INITIALS. Sub-columns include TIME IN and TIME OUT.

In consideration for services provided by Gifted Healthcare, the undersigned agrees not to hire the staff member named above directly or indirectly except with written permission from Gifted Healthcare. The Client representative's signature below acknowledges services rendered. Terms: Payable upon receipt.

CLIENT REPRESENTATIVE SIGNATURE

DATE

Performance Evaluation (5- Truly Gifted 1-Poor)

Would Request Again Would Not Request Again

Time Sheet Void After Thirty (30) Days

Performance evaluation scale: 1, 2, 3, 4, 5