



Weekly Time Record

Employee _____

Week Ending: _____

Title _____

Facility _____

Supervisor/Floor _____

Day	Date	In	Out	Break	Regular Hours	Overtime	Initial	Total
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total								

Recording your time: Report all time to the nearest ¼ hours. Do not show odd minutes.

Overtime: All authorized work you perform in excess of 40 hours per week (Sun.-Sat.) will be at time and one half the regular rate. Overtime is permitted with prior approval and/or at the request of the Facility. PearlCare Medical Staffing, LLC must obtain approval from the Facility before overtime will be authorized.

Lunch: The supervisor to whom you are assigned will determine your lunch period. If you work a full a day, the law requires that you take a minimum ½ hour lunch.

Absence: CALL US AT ONCE. PearlCare Medical Staffing, LLC will contact the Facility. A 4-hour minimum cancellation period is required

Signatures: Your signature on this form verifies that the information provided is true and accurate. A supervisor's signature is required for processing of this form. It is your responsibility to obtain supervisors signature at the time services were provided.

Future Assignments: If you do not contact PearlCare Medical Staffing, LLC. After each assignment, PearlCare Medical Staffing, LLC will assume that you are not available to work.

The employee agrees not to work directly for the Facility without permission of PearlCare Medical Staffing, LLC.

The employee agrees not to continue to work for the Facility by converting over to the payroll of another agency.

Time Tickets are to be submitted by Monday 12:00pm(NO LATER)

Employee signature _____

Date _____

Supervisor signature _____

Date _____

The employees performance has been deemed as satisfactory and is approved to return.

Comments _____