

Emerald Health Services

999 N. Sepulveda Blvd. 7th Floor
 El Segundo, CA 90245
 Office: **(800) 917-5055 x124**
 Fax: **(866) 917-5056**
 eMail: ncall@emeraldhs.com

Facility _____
 Pay Period Dates _____ through _____
 Employee Name _____



HEALTH SERVICES
WEEKLY TIMESHEET

www.IKnowAGreatNurse.com

Last 4 Digits of SSN _____

Day	Date	Unit	Time In	Time Out	Lunch	Total Hours	On-Call Hours			Call-Back Hours			Remarks	Initials of Supervisor
							Start Time	End Time	Total	Time In	Time Out	Total		
Sun														
Mon														
Tues														
Wed														
Thur														
Fri														
Sat														
Total														

Employee Signature

By signing below, I acknowledge that: (1) I have reviewed my hours worked and rate(s) of pay for this pay period and believe them to be accurate as stated on my wage statement; (2) if any punches were adjusted during this pay period, they were authorized by me; (3) I have been provided the appropriate opportunity for all legally required meal and rest periods in accordance with Company policy; (4) I have not worked off-the-clock; and (5) I agree that my paycheck accurately reflects all compensation due and owing to me for the pay period and (6) if I believe an error exists on my paycheck, I must notify my Payroll Department immediately in writing to have the issue resolved (and that in the interim I may keep the paycheck currently provided while the Company investigates the potential issue).

X _____
 Employee Signature Date

Facility Approval

By signing below, client/facility acknowledges all hours are true and correct.

X _____
 Authorized Facility Printed Name
 X _____
 Authorized Facility Signature Date

NOTE: EMERALD CANNOT PROCESS TIMESHEETS WITHOUT AUTHORIZED FACILITY SIGNATURE

USE FRACTIONS OF HOURS:
 15 minutes = .25 hours
 30 minutes = .50 hours
 45 minutes = .75 hours

Please fax or eMail your weekly timesheet to EHS Payroll Department no later than 12:00 (Noon) PST on Monday of the Pay Week
Fax: (866) 917-5056 eMail: TS@emeraldhs.com