

Omni Staffing Services Timecard



Employee Name: _____ Title: _____

Facility: _____ (One timecard per facility)

Circle One : Long Term Care AL Acute Care ED OB TCU Charge/House Sup

	Date	Clock in Time	Lunch-Start time	Lunch-End Time	Clock Out Time	Total Shift Hours	Round Trip Miles	Facility Signature	Bonus Ex. \$5 more/hr, OT
Sun									
Mon									
Tue									
Wed									
Thur									
Fri									
Sat									

Performance Evaluation	Exceeds Standard	Meets Standard	Needs Improvement
Knowledge and skills to complete duties			
Interaction with patients and staff members			
Quality of work			

Total Hours: _____

Total OT/ Holiday Hours: _____

Sick Time: _____ (must attach sick form)

Total Miles: _____

I understand if I am unable to take a lunch break, it **must** be approved by the facility and they must sign in the clunch time column.

ATTENTION EMPLOYEES:

Please email all timecards to timecards@omnistaffingservices.com by 0800 SUNDAY.

If there was a bonus on your shift it must be added into the bonus column.

Employee Signature _____

Date _____