

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.

Day	Date	Shift - Clock In Time	Lunch- Start Time	Lunch- End Time	Facility Initial	Shift- Clock Out Time	OT/ Holiday Hours	Regular Hours	Miles	Motel Y/N	Facility Signature
Sun											
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											

Notes: _____

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

Total Reg. Hours _____

Total OT/Holiday Hours _____

Total Miles _____

ATTENTION EMPLOYEES:

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

Thank you!

I understand if I am unable to take a lunch break, it must be approved by the facility and initialed in the "Facility Initial" column.

Employee Signature

Date