



EMPLOYEE NAME: \_\_\_\_\_  
 RECRUITER: \_\_\_\_\_  
 FACILITY: \_\_\_\_\_  
 PAY PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

FAX TIME SHEET BY 12:01 P.M. EASTERN TIME SUNDAY TO:

877-309-5038 or 866-573-5039

Printable time sheets are available at [www.pprhealthcare.com](http://www.pprhealthcare.com).

DAY	DATE	UNIT	Time In (1)	Time Out (1)	Minus Break (2)	Total	On Call (3)	Call Back (3)	Comments (4)
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									
									_____ Reg _____ OT

DAY	DATE	UNIT	Time In (1)	Time Out (1)	Minus Break (2)	Total	On Call (3)	Call Back (3)	Comments (4)
SUN									
MON									
TUES									
WED									
THURS									
FRI									
SAT									
									_____ Reg _____ OT

I authorize payment of hours noted on this time sheet:

\_\_\_\_\_  
 Supervisor Signature Date

\_\_\_\_\_  
 Supervisor Name (Please Print)

I certify all hours noted on this time sheet are accurate:

\_\_\_\_\_  
 Employee Signature Date

**\*OFFICE USE ONLY \***

Reg. Hrs.		Bill Rate	
OT Hrs.		Bill Rate	
Premium		Bill Rate	
On Call		Bill Rate	
Call Back		Bill Rate	
Charge		Bill Rate	
Charge OT		Bill Rate	
Holiday		Bill Rate	
		Bill Rate	

(1) Please use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30 MIN = .50HRS 45 MIN = .75HRS

(2) You are required to fill in your break time. If you did not have a break, place a Zero in the box. If it is left blank, payroll will assume a half hour break.

(3) Only put "on call" hours in the "on call" column. If you were "called back", please only include these hours in the "call back" column. Please indicate IN and OUT times.

(4) Please use this section to write any additional information needed that would be helpful for payroll, such as "charge time" or holiday.