

WHITE COPY OF TIMECARD **MUST** BE IN BY **MONDAY AT 9:00AM**. IF NOT COMPLETED PROPERLY, IT WILL CREATE DELAYS IN PROCESSING YOUR PAYCHECK. CALL STAT STAFFING UPON COMPLETION OF ASSIGNMENT FOR NEXT POSSIBLE ASSIGNMENT.



- RN's must WRITE **MS** for each non-specialty shift worked **IN THE SPEC COLUMN**
- RN's must WRITE the specialty for each shift worked **IN THE SPEC COLUMN**, using the following abbreviations:

CCU	ER	ICU	NICU	OB	OR
PCU	PICU	PSYC	RR	TEL	

OTHER: _____

WWW.STATSTAFFING.COM | TEL: 412.434.STAT | FAX: 412.434.7848

CLIENT NAME _____ **UNIT OR FLOOR** _____

YOUR NAME _____ **LAST FOUR DIGITS OF SSN** _____

DATE: WEEK-ENDING FRIDAY _____ **CLASSIFICATION** _____ **JOB NUMBER** _____

DATE	Time Started	Time Finished	Less Lunch	Regular Hrs	OT Hrs	SPEC	Client Signs Daily
SAT							
SUN							
MON							
TUE							
WED							
THURS							
FRI							

TOTAL HOURS TO NEAREST ¼ HOUR _____

I certify that I have worked the hours recorded on this timecard and that they were properly verified by the Client or by an authorized representative of the Client.

YOUR SIGNATURE _____

Client: Client agrees to the terms of Net Upon Receipt. Client agrees not to employ, in any capacity, the person whose signature is affixed above, either directly or through another staffing company, on a temporary, contract, full-time or part-time basis until said individual works a minimum of 1,200 hours for Client through STAT Staffing Medical Services ("STAT"). If Client employs said individual prior to the expiration of the 1,200 hour period, Client shall pay STAT a conversion fee as set forth in the Staffing Agreement between STAT and the Client, which is incorporated herein by reference. If there is no Staffing Agreement, then the conversion fee shall be 27% of said individual's annual salary. Client certifies that the total hours reflected on this timecard are accurate and that the work was performed satisfactorily.

CLIENT SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME (CLIENT) _____ **TITLE** _____