



# QUEST STAFFING PER DIEM TIME CARD

The deadline for time cards is Monday, 12:00pm E.S.T. Please fax to 1-888-778-2330 or email jobs@queststaffing.net

Name: \_\_\_\_\_ Nursing Home: \_\_\_\_\_ Week Ending: \_\_\_\_\_ SUNDAY THRU SATURDAY

DATE	TIME IN	LUNCH		TIME OUT	TOTAL HOURS	UNIT WORKED	DAILY SUPERVISOR'S SIGNATURE	NO LUNCH SUPERVISOR INITIAL
		OUT	IN					
SUN						X		
MON						X		
TUES						X		
WEDS						X		
THUR						X		
FRI						X		
SAT						X		
					TOTAL HOURS:			

### Important Instructions

- o 30 minute unpaid lunch break is mandatory after working 5 hours.
- o In order to be paid for a worked lunch break, you must document missed lunches and have your supervisor initial any shifts with missed lunches.
- o Please make sure indicate on your time card the unit you worked on
- o Overtime **must** be approved by your supervisor. Please have your supervisor initial any shifts with overtime hours.
- o If you are sent home early or cancelled for a shift, please indicate on your time card the number of hours called off.

X

X

### EMPLOYEE'S SIGNATURE

I, the Employee declare under penalty of perjury (under the laws of the State of NJ) that the foregoing Time Card is true and correct.

### WEEKLY SUPERVISOR'S SIGNATURE

The Nursing home certifies that: hours shown are correct, work was done according to Quality Management standards, all Nursing Home policies & requirements were met and Nursing Home agrees to pay all invoices related to this timecard in full.

### DATE

I understand that the statement above concerning the penalty or consequences of making a fraudulent statement or signature tampering, about any shifts worked. I further acknowledge that I did not suffer any accidents or injuries during the work covered in this timecard. If you did experience and accident or injury, you must submit an accident report with this timecard.

**PLEASE NOTE, after February 1<sup>ST</sup>, 2017 the prior version of time sheets will no longer be acceptable**