



TIMESHEET
Please submit timesheet by Monday 5:00 PM

Time@crosscountry.com

Client/Facility: _____ Week Ending Date: _____

Employee: _____ Last 4 Digits of Social Security: _____

Day of the Week	Date	Unit/Floor	Time In (Military)	Meal Period 1			Meal Period 2			Missed or Untimely Meal/Breaks	All Hours Worked				Special Pay Hours		Shifts Not Worked		Remarks	
				Start	End	Duration	Start	End	Duration		Time Out (Military)	Regular	Holiday	Call Back	On-Call	Charge	Client/Facility Cancel	Employee Cancel		
Sun																				
Mon																				
Tues																				
Wed																				
Thurs																				
Fri																				
Sat																				
Weekly Totals:																				

You must record your actual time in and out for all hours worked, as well as time in and out for meal periods.

*Employee Signature: _____ Date: _____ **Client/Facility Authorization: _____ Date: _____

* I certify that the hours shown above represent my total hours worked and the Client/Facility Approval was initiated by the Client/Facility or an Authorized Representative of the Client/Facility.
 ** I certify that the hours shown above are correct and that the above identified employee performed satisfactorily.

To ensure accurate processing, please make sure that hours worked are properly categorized in the 'All Hours Worked' columns as to regular, holiday or call back. Any call-off time (where the Employee was scheduled to work but was called off due to low census) should be entered in the 'Client/Facility Cancel' column.