



Time Sheets are due by 12:00 AM EST (9:00 PM PST) Sunday.

Time Sheets received later than 12:00 AM EST (9:00 PM PST) Sunday may be delayed for processing.

Fax: 877-309-5038

Email: payroll@pprtmg.com

Text: 904.289.3013

Employee Name: Jane Doe

Recruiter: Rebecca R.

Pay period: 2/14/16 - 2/20/16

Facility/ Department:					Unit Manager:				Supervisor Name (Printed):		Timekeeping System:
University Hospital / ER					Rob M.				John Smith		Kronos
Day	Date	Start Time	Lunch		End Time	Hours	On Call	Call Back	Supervisor Signature		Notes
SUN	14-Feb	1900	0100	0130	0730	12	Start:	Start:	<i>John Smith</i>		Great Shift!
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			
MON							Start:	Start:			
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			
TUES	16-Feb	1900	0100	0130	0730	12	Start:	Start:	<i>John Smith</i>		
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			
WED	17-Feb	1900	n/a	n/a	400	9	Start:	Start:	<i>John Smith</i>		
[]Cancelled [X]Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			
THURS	18-Feb	1900	100	130	730	12	Start:	Start:			
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			
FRI	19-Feb						Start: 1900	Start: 2100	<i>John Smith</i>		on call 1900 - 2100 called in 2100 - 0300
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End: 2100	End: 0300			
SAT							Start:	Start:			
[]Cancelled []Volunteered to leave []Sick []Vacation []Holiday []Charge []Orientation							End:	End:			

Please use the quarter hour rule when calculating total hours. 15 MIN = .25HRS 30MIN = .50HRS 45MIN = .75HRS 2. If your break is left **blank**, payroll will assume a half-hour (30 MIN) break

Employee Signature:	<i>Jane Doe</i>	Total Hours:	45	OC	CB	Supervisor Signature:	<i>John Smith</i>	Overtime Approved? [X] YES [] NO
				2	6			Date Approved: 02/20/16

Employee Signature: By signing this timesheet, I verify and attest that my hours are accurate and were authorized by personnel at my facility. I understand that it is my responsibility to audit this timecard and any errors are my liability.

Client Approval: I have audited this timecard and my signature above authorizes PPR to pay this employee and bill our facility for the hours recorded.