

Step 1:


Please sign the “Supervisor Signature” upon verifying the hours the employee has worked and print your name below the signature.

Step 2:

Ensure the “Facility Name” is filled out.

Step 3:

Employees are required to take a thirty-minute non-paid lunch break. If patient demand prevents a lunch from being taken, the facility needs to initial the section “no lunch permitted”.

 INTEGRATED		EMPLOYEE NAME			RN LPN CNA OTH
		FACILITY NAME			HOLD/MAIL
DATE	UNIT	START TIME	LUNCH	END TIME	TOTAL HOURS
Starting Odometer		Ending Odometer		Total Miles	
SUPERVISOR SIGNATURE: _____			DATE: _____		
PRINTED NAME: _____			NO LUNCH PERMITTED: _____		
EMPLOYEE SIGNATURE: _____			Supervisor Initials Required		
<small>Employee Notice: By signing this time card, I certify that the hours shown above represent my total hours worked. I also understand that not all facilities will approve/pay mileage and that I must request approval when booking each shift. If mileage was approved and I fail to complete the mileage section on this time card, my mileage will be automatically denied.</small>			<small>Client Notice: By signing this time card, I certify that the hours above are correct and that the employee performed his/her duties satisfactorily. I understand that I do not pay the employee directly and that INTEGRATED will pay the employee weekly. I agree to comply with the terms on the back of this time card as well as the terms of any Facility Staffing Agreement executed by my company/facility and INTEGRATED.</small>		