

Trusted Health TIMECARD

The deadline to submit timecards is **Sunday, 12:00 pm PST**. Please submit time via the mobile app and attach approved backup documentation

NAME: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_ FOR WEEK ENDING: \_\_\_\_\_

DATE	TIME IN	MEAL PERIOD (S)				TIME OUT	REGULAR HOURS	CALL BACK HOURS	ON CALL HOURS	ORIENTATION HOURS	CHARGE HOURS	CALLED OFF BY FACILITY HOURS	SICK/CALLED OFF PERSONAL HOURS
		OUT	IN	OUT	IN								

If guaranteed hours are not met, please specify (in detail) the reason:

**ADDITIONAL NOTES SECTION**  
(For situations not listed above, please include specific dates & times if applicable)

<b>EMPLOYEE'S SIGNATURE</b>	<b>DATE</b>
<p>You certify this timesheet as true and accurate.  <b>CA Employees Only:</b> By signing above, you are also certifying [CHECK ONE]:  <input type="checkbox"/> you were provided with an off-duty, continuous, uninterrupted meal period of at least 30 minutes for every work period of more than five hours, commencing before the end of the fifth hour of the shift and (if you worked over a ten hour shift) a second off-duty, continuous, uninterrupted meal period of at least 30 minutes by the end of the tenth hour of work <b>OR</b>  <input type="checkbox"/> you voluntarily waived one of your unpaid meal periods for each work period <b>OR</b>  <input type="checkbox"/> you were prevented from taking a full 30 minute unpaid meal period before the fifth hour of your shift and/or before the tenth hour of your shift <b>[IF YOU CHECK THIS BOX FILL IN DETAILS IN "FOR CLINICIANS WORKING IN CALIFORNIA &amp; WASHINGTON ONLY" SECTION BELOW]</b>  <b>CA Employees Only:</b> By signing above, you also are certifying [CHECK ONE]:  <input type="checkbox"/> you were authorized and permitted to take a 10 minute rest period for every work period of four hours or major portion thereof for shifts of 3.5 hours or longer <b>OR</b>  <input type="checkbox"/> you were prevented from taking a rest period <b>[IF YOU CHECK THIS BOX FILL IN DETAILS IN "FOR CLINICIANS WORKING IN CALIFORNIA &amp; WASHINGTON ONLY" SECTION BELOW]</b>  <b>WA Employees Only:</b> By signing above, you are also certifying [CHECK ONE]:  <input type="checkbox"/> you were authorized and permitted to take a 10 minute rest period for every work period of four hours or longer <b>OR</b>  <input type="checkbox"/> you were prevented from taking a rest period <b>[IF YOU CHECK THIS BOX FILL IN DETAILS IN "FOR CLINICIANS WORKING IN CALIFORNIA &amp; WASHINGTON ONLY" SECTION BELOW]</b></p>	

<b>**FOR CLINICIANS WORKING IN CALIFORNIA &amp; WASHINGTON ONLY**</b>	
Number of daily missed REST periods (CA & WA, 10 mins. per REST period)	<i>Weekly Total</i>
Number of daily missed MEAL periods (CA Only, 30 mins. per MEAL period)	
Number of MEAL periods taken AFTER the 5th hour of your shift OR AFTER THE 10th hour of your shift for shifts over 10 hours(CA ONLY)	
Please state the reason for missed REST OR MEAL periods:	

<b>SUPERVISOR'S SIGNATURE</b>	<b>DATE</b>
<p><b>IMPORTANT INSTRUCTIONS:</b>          Use military time when reporting hours          Always add reasoning for short hours (example: sick, facility call off, volunteered to leave early, approved time off)          Always include date and time in/out for all time worked or on call - add in additional notes if not listed above.          To ensure there is <b>no delay in payment</b> please submit approved time no later than <b>SUNDAY, 12:00pm PST</b>          Always ensure your time submitted on the Trusted app matches your approved time listed on this timesheet</p>	

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