

**Emerald Health Services**

999 N. Pacific Coast Hwy 7<sup>th</sup> Floor

El Segundo, CA 90245

Office: **(800) 917-5055 x8799**

Fax: **(866) 917-5056**

email: [ts@emeraldhs.com](mailto:ts@emeraldhs.com)

Facility \_\_\_\_\_

Pay Period Dates \_\_\_\_\_ through \_\_\_\_\_

Employee Name \_\_\_\_\_



HEALTH SERVICES  
**WEEKLY TIMESHEET**



[www.IKnowAGreatNurse.com](http://www.IKnowAGreatNurse.com)

Last 4 Digits of SSN \_\_\_\_\_

Day	Date	Unit	Time In	Time Out	Lunch	Total Hours	On-Call Hours			Call-Back Hours			Remarks	Mileage	Mgr Signature
							Start Time	End Time	Total	Time In	Time Out	Total			
													<i>Examples include: Cancelled Shift, Orientation, Modules, etc.</i>		<i>Approval of shifts worked, cancelled shift, missed time &amp; OT</i>
Sun															
Mon															
Tues															
Wed															
Thur															
Fri															
Sat															
<b>Total</b>															

**Employee Signature**

*By signing below, I acknowledge that: (1) I have reviewed my hours worked and rate(s) of pay for this pay period and believe them to be accurate as stated on my wage statement; (2) if any punches were adjusted during this pay period, they were authorized by me; (3) I have been provided the appropriate opportunity for all legally required meal and rest periods in accordance with Company policy; (4) I have not worked off-the-clock; and (5) I agree that my paycheck accurately reflects all compensation due and owing to me for the pay period and (6) if I believe an error exists on my paycheck, I must notify my Payroll Department immediately in writing to have the issue resolved (and that in the interim I may keep the paycheck currently provided while the Company investigates the potential issue).*

X \_\_\_\_\_  
Employee Signature Date

**Facility Approval**

*By signing below, client/facility acknowledges all hours are true and correct.*

X \_\_\_\_\_  
Authorized Facility Printed Name

X \_\_\_\_\_  
Authorized Facility Signature Date

**NOTE: EMERALD CANNOT PROCESS TIMESHEETS WITHOUT AUTHORIZED FACILITY SIGNATURE**  
-----  
**USE FRACTIONS OF HOURS:**  
15 minutes = .25 hours  
30 minutes = .50 hours  
45 minutes = .75 hours