



# EMPLOYEE TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

SSN # (LAST 4 DIGITS ONLY): \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

476 W 325 S  
Bountiful, UT 84010

**FAX (208) 378-1358**

If you would like to confirm your timecard was received, please text 208-378-1338.

\*Fill out one time card for each facility worked each week

Day	Date	Unit	Time In	Time Out	Lunch	Regular Hours	OT	Holiday	Orientation	On-Call	Call-Back	Charge Nurse	Travel	DAILY TOTAL	Hospital Rep. Initials
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
<b>WEEKLY TOTAL</b>															

Employee Signature: \_\_\_\_\_

*Reminder: Don't forget to 'swipe' or use any Kronos system.*

Hospital Representative Signature: \_\_\_\_\_

**TIME CARDS ARE DUE IMMEDIATELY FOLLOWING LAST SHIFT OF THE WEEK.**

Hospital Rep. Initials Required for any OT Hours (over 40/week)