

**HIRECARE Healthcare Personnel Services**

9089 Clairemont Mesa Blvd, Ste 110, San Diego, CA 92123

Tel: (858) 974 9944 Payroll Fax: (800) 521 8419

<b>HOSPITAL NAME</b>	<b>CITY</b>	<b>HOSPITAL DEPARTMENT</b>
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<b>EMPLOYEE NAME</b>  (Please Print)	<b>WEEK ENDING DATE</b>
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**SOCIAL SECURITY NUMBER (LAST FOUR DIGITS ONLY)**    XXX-XX- \_\_\_\_ - \_\_\_\_

*EMPLOYEE SIGNATURE* \_\_\_\_\_

*I certify this timecard is true and reflects actual hours worked. I had no injuries during this assignment.*

*EMPLOYEE AVAILABLE FOR CONTINUED WORK*    Yes        No   

**WORKED HOURS TO THE NEAREST QUARTER HOUR**

DAY	DATE	START	FINISH	MEAL PERIOD	REG HRS	OT HRS

<b>TOTAL HOURS</b> →	<b>REGULAR</b>	<b>OVERTIME</b>

<i>HOSPITAL MANAGER SIGNATURE</i>	<i>DATE SIGNED</i>
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<i>HOSPITAL MANAGER PRINTED NAME</i>	<i>JOB TITLE</i>
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**IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS OF THE HIRECARE AGREEMENT. Thank you for your business!**

**Timecards Due by 5PM Each Monday- Late or Incomplete Timecards May Result in Delayed Paychecks  
Timecard Fax Number – 24 Hours (800) – 521- 8419**