

**ALL PAYROLL FORMS ARE DUE BY SUNDAY AT 9AM EST**

Email Timesheet to: [Payroll@med1pro.net](mailto:Payroll@med1pro.net)

TIME SHEETS, INCLUDING OVERTIME & NO LUNCH, REQUIRES DATE & MANAGER OR HOUSE SUPERVISOR SIGNATURE. ANY ISSUES CONTACT US IMMEDIATELY @ **814-470-9206 or** [**payroll@med1pro.net**](mailto:payroll@med1pro.net)

EMPLOYEE NAME:

FACILITY NAME:

**UNIT WORKED**: \_

Reimbursement Description and Amount:

*COMPLETE THis ONLY THE FIRST* **Start address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*AND LAST WEEK OF EACH ASSIGNMENT*.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Total Miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DAY  Example | **DATE**  \*required  01/01/2021 | **TIME IN**  **0700** | **TIME OUT**  **1500** | **AVAILABLE**  **Y or N**  **Y** | Manager or House Supervisor **SIGNATURE**  \*required  Must Sign RN | ***IF YOU DID NOT GET A LUNCH CHECK THIS BOX***  ***Checkmark outline*** | **CHARGE RN**  **Code is *CHR***  OR  ON CALL  Code is *OC*  START  CHR 0700 | **CHARGE RN** OR  ON CALL  END  1500 | Manager or House Supervisor **SIGNATURE** for on call time or **No** **Lunch/CHR/OC**  \*required  Must Sign RN |
| SUN. |  |  |  |  |  |  |  |  |  |
| MON. |  |  |  |  |  |  |  |  |  |
| TUES. |  |  |  |  |  |  |  |  |  |
| WED. |  |  |  |  |  |  |  |  |  |
| THURS. |  |  |  |  |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |  |  |  |  |
| SAT. |  |  |  |  |  |  |  |  |  |

I certify that the time entered on this timesheet are true and accurately reflect all hours and time during this pay period. Also, I certify that I was given and provided meal periods & breaks per facility policy which I am entitled under state and federal law. If employee disagrees, then employee must report to Human Resources via email.

\*MUST BE RECEIVED BY 9AM SUNDAY EASTERN STANDARD TIME OR WILL NOT BE ACCEPTED FOR THAT WEEKS PAYROLL.

\*\*MUST HAVE ALL FIELDS COMPLETED INCLUDING YOUR SIGNATURE, SUPERVISOR SIGNATURES AND DATES OR WILL NOT BE ACCEPTED. THIS

COULD ADVERSELY AFFECT WHEN YOU GET PAID. PLEASE BE ON TIME AND ACCURATE. THANK YOU

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

I ACKLOWLEDGE ORIENTATION AND ANY AT HOME MODULES ARE PAID AT HALF REGULAR WAGE