



PER DIEM / PRN TIMECARD

1.888.56NURSE • payroll@giftedhealthcare.com • Payroll Fax 800.918.3727

EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)

Staff Signature: Client/Facility Name:

Direct Deposit

Pay Card

Mail

Check in Metairie

Check in Covington

Check in Lafayette

Check in Tulsa

Check in Oklahoma City

Check in Little Rock

- RN, LPN, CST/ORT, RRT, CRT, C.N.A. checkboxes

Table with columns: DATE, UNIT, TIME IN, TIME OUT, LUNCH, SUP. INITIALS, WORKED AS CHARGE NURSE, TOTAL HOURS WORKED, CLIENT INITIALS

Table with columns: DATE, ON CALL, CALL BACK, CLIENT INITIALS

In consideration for services provided by Gifted Healthcare, the undersigned agrees not to hire the staff member named above directly or indirectly except with written permission from Gifted Healthcare.

CLIENT REPRESENTATIVE SIGNATURE

Performance Evaluation (5-Truly Gifted 1-Poor)

Performance evaluation scale 1-5

- Would Request Again, Would Not Request Again checkboxes

DATE

Time Sheet Void After Thirty (30) Days
White: Gifted Nurses Yellow: Client/Facility