

Aya Healthcare TRAVEL TIME CARD

The deadline for time cards is Monday, 12:00pm P.S.T. Please fax to 1-866-350-2836. Thank you.

Name: Adam Kandil Hospital: Ocean Medical Center Week Ending: 09/05/2020

	DATE	TIME IN	MEAL PERIOD(S)		TIME OUT	TOTAL HOURS	ON CALL HOURS	CALL BACK HOURS	ORIENT HOURS	CHARGE HOURS	CALLED OFF HOURS	SUPERVISOR INITIALS
			OUT	IN								
SU	08/30/2020	18:45			07:15							
MO												
TU												
WE												
TH	09/02/2020	18:45			07:15							
FR	09/03/2020	18:45			07:15							
SA												
TOTAL HOURS:												

PERFORMANCE EVALUATION (TO BE COMPLETED BY SUPERVISOR WEEKLY) ✕											
Quality of Work:	1	2	3	4	5	N/A	5 - Excellent	Please circle one number in each row which best reflects your assessment of this employee based on the scale at left.			
Documentation:	1	2	3	4	5	N/A	4 - Very Good				
Clinical Ability:	1	2	3	4	5	N/A	3 - Good				
Professionalism/Attitude:	1	2	3	4	5	N/A	2 - Fair				
Attendance/Punctuality:	1	2	3	4	5	N/A	1 - Poor				
COMMENTS:											

09/04/2020

EMPLOYEE'S SIGNATURE

DATE

You certify all time recorded on this timecard as true and accurate. If you take more than one meal period per shift, you must record the second meal period under the first. You did not suffer any accidents or injuries or harassment during the work covered in this timecard. If you did experience an accident or injury, you must submit an accident report with this timecard.

CA Employees Only: By signing above, you also certify that you were provided with and either took or voluntarily waived an unpaid meal period of at least 30 minutes, for every work period of more than five hours. During these off-duty meal periods, you were relieved of all duties and free to leave the premises. You also certify you were authorized and permitted to take a 10-minute rest period for every work period of four (4) hours or major portion thereof for shifts that are 3.5 hours or longer. If you are prevented from taking a required meal or rest period, you must record it on the timecard, and you must immediately notify your Aya payroll representative in writing.

SUPERVISOR'S SIGNATURE

DATE

The hospital certifies that: hours shown are correct, work was done according to Quality Management standards, all hospital policies & requirements were met and hospital agrees to pay all invoices related to this timecard in full.

To Employee: Important Instructions

- * Shifts with on-call, call-back or charge hours must be initialed by your supervisor.
- * Overtime must be approved by your supervisor. Please have your supervisor initial any shifts with overtime hours.
- * If you are sent home early or cancelled for a shift, please indicate on your time card the number of hours called off.
- * Please use military time when reporting your hour.