



301 Sheyenne St
 West Fargo, ND 58078
 Phone: 701.478.3460
 Email: payroll@converdiahealth.com

1. Please be sure to list ALL in & out times including meal breaks. Missed meal breaks require approval.
2. Please note any exceptions in the comments section (no meal break, stayed late, orientation)
3. Time is calculated by actual in & out times and is not rounded, unless specified by facility protocol.
4. ALWAYS include date, shift start time, meal break, shift completed time, total hrs and comments (when applicable)
5. Pay week is Sunday through Saturday. Report ALL hours worked during the same week on ONE timecard.
6. If you worked at different healthcare facilities during the same week, use separate timesheets to report your hours
7. Hours worked over 40 hours will be paid as OVERTIME
8. EMAIL timesheet to payroll@converdiahealth.com
9. Regardless of the facility policy, all ConVerdia Health Staffing employees MUST send in a timesheet by 12pm CST Monday

Name: _____ Title: _____ Check: Direct Dep Mail Pick-up
 (Print)

Week Ending: _____ Healthcare Facility: _____

Date	Day	Time In	Meal Break	Time Out	Total hrs	Comments
MM/DD	Example	7:00 AM	30 min	7:30 PM	12 hrs	
	SUN					
	MON					
	TUES					
	WED					
	THURS					
	FRI					
	SAT					
Total Weekly Hours						Overtime (hours worked over 40 hours)

Employee Signature: _____ Date: _____
 (By signing, I certify that all information reflected on this time record is complete and accurate)

Employee Signature: _____ Date: _____
 (I certify that I had no work related injuries during the time-frame indicated on this timesheet)

Authorized Client Signature: _____ Date: _____
 (Signatures of authorized client contact verifies accuracy of hours reported. Client agrees to pay invoice with corresponding approved hours according to the rates and terms previously agreed to in the agreed to in the Professional Services Agreement)

If scheduled hours are not met, please specify reason below: Example: Monday, Orientation