



**PER DIEM - SAN JOSE OFFICE**  
1150 N. First Street, Suite 204  
San Jose, CA 95112  
(408) 280-6001  
FAX: (408) 280-6003

## Time Ticket

Facility Name							
Nurse Name				Social Security No.			
Week Ending Date				Unit			
DAY	DATE	TIME IN	TIME OUT	LUNCH	HOURS WORKED	OVERTIME	FAC. APPROVED
SUN							
MON							
TUES							
WED							
THUR							
FRI							
SAT							
<b>TOTAL HOURS</b>							

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative.

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

I certify that the hours shown above are correct and that the above identified nurse performed satisfactorily.

Facility  
Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hours must be received by 5pm (EST) every Monday in order to be paid that week.  
Please call local office to confirm receipt.