

# Platinum Choice Staffing, Inc.

Client Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Title \_\_\_\_\_

State Worked \_\_\_\_\_

Mo	Day	Shift	Area/Floor/Unit Worked	In	Off Duty	Out	Reg	OT	Total Hours	Client: Signature Required Daily. Your signature approves employee hours.
M										
T										
W										
T										
F										
S										
S										

Please remember to fax in your time slip to one of the numbers listed below at the end of each shift if possible. This allows us to input payroll daily and also protects you and the facility from fraud. Thank you.

\_\_\_\_\_

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

Date: \_\_\_\_\_

- Please help us ensure that you are paid accurately and on time by following these simple steps:
1. Fill out your time slip completely and legibly.
  2. Your time slip **MUST** be signed by the facility's Representative.
  3. Fax in your time slip at the end of each shift if possible.
  4. Confirm with us during business hours that we have received your time slip.
  5. All time slips must be received no later than 12:00 PM EASTERN STANDARD TIME ON MONDAY in order to be paid in Fridays payroll.
  6. Any time slips received after noon eastern are not guaranteed to be paid the next Friday.
  7. Additional Time Slips can be printed out at [www.PCMedStaff.com](http://www.PCMedStaff.com) in the upper right corner.

Fax Time Slips Toll Free: 1-877-687-7385 (1-877-NURSE-85)

Scan and E-mail Time Slips to: [TimeSlips@PCMedStaff.com](mailto:TimeSlips@PCMedStaff.com)