Platinum Choice

Last Name

Voice: 877-NURSE-85 Email Payroll: TimeSlips@PCMedStaff.com Client Name

State Worked

Shift Area/Floor/Unit **Off Duty Client Signature Required Daily** Мо Day In Out Reg OT Total Worked Hours Μ Т W ΤН F SA SU

Employee Signature: _____ Date: _____ Date: _____

Please help us ensure that you are paid accurately and on time.

- Fill out your timeslip completely and legibly. Round all shift totals to the nearest quarter hour (11.75, 12, 12.25, 12.5 etc.)
- Your timeslip must be signed by the facilities representative.
- Scan and email your timeslip as soon as possible after your last shift of the week is complete.
- We should receive and input your timeslip asap after your last shift of the week. The hard submission deadline to be paid on Friday is noon Eastern on Monday. If we receive your timeslip after noon Eastern on Monday, we cannot have it in the following Friday's payroll. Please send in your timeslip asap.

First Name

Title