Platinum Choice

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

_____
Client Name

_____
State Worked

_____
Last Name **First Name** **Title**

	Mo	Day	Shift	Area/Floor/Unit Worked	In	Off Duty	Out	Reg	OT	Total Hours	Client Signature Required Daily
SU											
M											
T											
W											
TH											
F											
SA											

Employee Signature: _____ 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.