



Client Facility Name: \_\_\_\_\_ Date Worked: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Social Security Number: XXX-XX- \_\_\_\_\_

Classification:  RN  LPN  CNA  Other: \_\_\_\_\_

Shift:  7A – 3P  3P – 11P  11P – 7A  7A – 7P  7P – 7A  Other: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Meal Break:  Yes  No  Missed/Untimely Break Time Out: \_\_\_\_\_ Break Time In: \_\_\_\_\_

**You must record your actual time in and out for all hours worked, as well as noting your break time out and back in.**

Total Hours Worked: \_\_\_\_\_

\*Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Client Facility Authorization (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Client Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

\* I certify that the hours shown above represent my total hours worked and the Facility Approval was initiated by the Facility or an Authorized Representative of the Facility. I will return this signed timesheet within 7 days.

\*\* I certify that the hours shown above are correct and that the above identified healthcare professional performed satisfactorily.

**The following steps are needed to use ExpressPAY™**

- 1) Clock-in and out on our timekeeping mobile App 'When I Work'.
- 2) Clock-in and out on the facility timeclock (if necessary).
- 3) At the end of your shift, you must get your designated Charge Nurse to sign off on the hours that you have completed via a paper timesheet.
- 4) Take a picture of the signed timesheet and text it to: 678-666-0466
- 5) Once the timesheet is received, our team will take care of the rest, ensuring all verified shifts look as expected.
- 6) Payment will be sent directly to your **rapid! PayCard**.
- ✓ Shifts must be signed off by a supervisor or you will NOT be paid for the shift.
- ✓ DO NOT submit this timesheet to your facility
- ✓ **Timesheet must be submitted no later than noon EST on Monday to be paid for any shift from the previous week.**