



|             |  |                   |  |
|-------------|--|-------------------|--|
| NAME:       |  | WEEK ENDING DATE: |  |
| DISCIPLINE: |  | PHARMACY NAME:    |  |

| DAY        | DATE<br>(MM/DD) | IN<br>HH:MM<br>(Military Time) | OUT<br>HH:MM<br>(Military Time) | IN<br>HH:MM<br>(Military Time) | OUT<br>HH:MM<br>(Military Time) | TOTAL<br>HOURS | NOTES |
|------------|-----------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|----------------|-------|
| SUN        |                 |                                |                                 |                                |                                 |                |       |
| MON        |                 |                                |                                 |                                |                                 |                |       |
| TUES       |                 |                                |                                 |                                |                                 |                |       |
| WED        |                 |                                |                                 |                                |                                 |                |       |
| THUR       |                 |                                |                                 |                                |                                 |                |       |
| FRI        |                 |                                |                                 |                                |                                 |                |       |
| SAT        |                 |                                |                                 |                                |                                 |                |       |
| Week Total |                 |                                |                                 |                                |                                 |                |       |

|   |       |                       |       |
|---|-------|-----------------------|-------|
| _____   | _____ | _____                 | _____ |
| Employee Signature  | Date  | AHF Manager Signature | Date  |
| <p>Pharmacist CERTIFICATION: By my signature below, I hereby certify the hours above are correct and worked by me and I have no accidents or injuries to report. AHF manager must initial overtime.</p> <p>AHF MANAGER CERTIFICATION: By my signature below and as a representative of AHF, I hereby certify the above hours are correct.</p> |       |                       |       |

ATTENTION VENDORS: All timecards are due to CareerStaff Managed Services by noon CST each Monday. Timecards must be emailed to [CareerStaffMSP.AHF@GenesisHCC.com](mailto:CareerStaffMSP.AHF@GenesisHCC.com). AHF pays for services rendered by your staff based upon the actual hours worked by your staff and not your invoice. In the event that your staff was directed by AHF to work fewer hours than AHF has guaranteed (if any guarantee), your staff must identify that fact in the comments section of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (e.g: missing staff and/or managers signatures; incomplete in/out times; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agency's responsibility to correct and resubmit its staff's timecard for processing. It is also the Agency's responsibility to track their staff's hours worked, which are reported each week in the CareerStaff Managed Services VMS. **Time recording / Breaks/ Overtime: Hours worked shall be rounded to the nearest quarter hour by the 7th minute. (For example, 6:07 is recorded as 6:00, and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.**