



P.O. Box 8744, Tyler, Texas 75711
 Tel: (903) 526-8600 / Fax: (903) 526-8601
 Tel: (866) 839-5627 / Fax: (866) 526-8601
 Email to: timecards@CapstoneRx.com

Facility Name

Employee's Name

Title (e.g., RN, LVN, RT)

Last 4 Digits of Social Security Number Only

DATE	DAY OF THE WEEK	TIME START	TIME END	LUNCH	REGULAR HOURS	OVERTIME HOURS
/						
Total Hours to Nearest 1/4 Hour						
Assignment Type:						
<input type="checkbox"/> PRN <input type="checkbox"/> Contract <input type="checkbox"/> Travel <input type="checkbox"/> Rapid Response (2hr.)						
I certify the hours shown above represent my total hours worked and that they are properly verified by an authorized representative of Facility.						
Employee Signature					Date	
Check Instructions: <input type="checkbox"/> Mail <input type="checkbox"/> Hold <input type="checkbox"/> Direct Deposit						

**TO BE COMPLETED BY
 AUTHORIZED PERSONNEL ONLY**

Signature - Authorized Representative

Name (Printed)

Title

Floor/Unit

Allocate - Percentage (%) or Hours

Floor/Unit

Allocate - Percentage (%) or Hours

Notes:

DISTRIBUTION:

White - Capstone • Canary - Facility • Pink - Employee