



The Joint Commission Certified



Staffing KS & MO Since 1988

Employee <b>FIRST</b> ,	<b>Middle Initial</b> ,	<b>Last Name</b>	<b>Last 4 of SS#</b>
Employee <b>Signature</b>			<b>Date of Birth</b> ( 09-11-1989 )

**Fraudulent Information on any Time Card may be turned over to any applicable law enforcement entity for prosecution**  
 & by signing, I attest that I understand that & this shift technically completes my assignment & I **MUST CONTACT & SPEAK TO CASCADe DAILY IF I WANT TO REQUEST REASSIGNMENT**, all information is accurate, no injuries occurred that were not reported to Cascade, unpaid hours may be paid at minimum wage if I am termed for cause or no call no show & I have followed all policies.

**ADV - Initial:** \_\_\_\_\_

Daily Time Card Revised 10/2016

<b>SHIFT START VERIFICATION &amp; SIGNATURE REQUIRED by Facility Verifying Party (Charge Nurse, Staffing Mgr., etc.):</b>				
Enter OR verify shift start time in presence of Cascade employee & Sign/Print Name next to entry. Check day, date, etc. & initial any changes.				
Day (Mon,Tue...)	Date (9-24-16....)	Working Shift as: (CNA, CMA, RN ..)	Facility Name	Facility City/State
Shift START Time	Day, Eve or Nite Shift?	Facility Verifying Party Signature		Printed Name & Title
AM		X		
PM				
<b>Mgr- DIRECT Cascade Employee to utilize facility time clock to CLOCK IN, if applicable.</b>				

Shift END Time	UNIT Worked	Facility Verifying Party Signature	Printed Name & Title	Apx # hrs worked	30 minute lunch req.
AM		X			Employee can write start/end time here:
PM					
<b>Mgr- Remit this original immediately to Mgr at your facility in charge of time tracking! DIRECT Cascade Employee to utilize facility time clock to CLOCK OUT, if applicable.</b>					

**END OF SHIFT VERIFICATION & SIGNATURE REQUIRED by Facility Verifying Party (Charge Nurse, Staffing Mgr., etc.):**  
 Enter OR verify shift end time in presence of Cascade employee & Sign/Print Name next to entry. Verify all info in this section & **REMI**ND Cascade employee to use time clock, if applicable!  
 \*\*Mgr- THIS ORIGINAL STAYS WITH YOU, and give bottom copy back to Cascade employee for records. THANKS!

**NO ALTERATIONS ONCE FINAL VERIFICATION & SIGNATURE IS COMPLETED BY FACILITY MGR!**

\*Cascade may need to contact facility any time in the future to get a copy of original timecard. Facility Signatures verify all information is accurate & changes to the originally scheduled shift were requested & approved & Client is bound to Cascade's most recent rate letter & terms; signed or unsigned: including but not limited to payment terms, hiring of our staff, driving policy, etc.

**Employees: Time Card copies due to Cascade immediately following completion of EACH SHIFT!**

to [payroll@cascadestaff.com](mailto:payroll@cascadestaff.com) or FAX (816) 229-0020

CALL Payroll: (816) 298-1054

ORIGINAL / Top Copy: stays with Manger at facility signing & verifying

Bottom Copy: stays with Cascade Employee