



Employee FIRST, Middle Initial, Last Name	Last 4 of SS#
Employee Signature	Date of Birth ( 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

**SHIFT START VERIFICATION & SIGNATURE REQUIRED by Facility Verifying Party (Charge Nurse, Staffing Mgr., etc.):**  
 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		Mgr- DIRECT Cascade Employee to utilize facility time clock to CLOCK IN, if applicable.		

Shift END Time	UNIT Worked	Facility Verifying Party Signature	Printed Name & Title	Apx # hrs worked	30 minute lunch req.
AM		X	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.		Employee can write start/end time here:
PM					

**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 & REMIND 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 Manager at facility signing & verifying

Bottom Copy: stays with Cascade Employee