

TIME SHEET

INSTRUCTIONS

Health Canada NIC to send copy of Signed Record to:

Nurse Relief Coordination Unit

Fax Number: 613-952-4622

E-Mail: AgencyNurseServices.Servicedinfirmie

Original Signed _____ the Contractor.

Remember to write your first and last name, also, the name of the community you are working in - ONLY ONE COMMUNITY PER TIME SHEET

Contractor: JV Pedabun 35 / CHCA

TA # and PO # will be provided to you with travel information and in your contract. You MUST include this info before submitting time sheets

Contract Nurse: _____

Community Location: _____

TA #: _____ PO# _____

Complete date is required :
MM/DD/YY

Total hours MUST be filled and signed for. TOTAL SHOULD NOT BE MORE THAN 7.5 HOURS DEPENDING ON YOUR BREAK / LUNCH SCHEDULE

	Date	Start	End	Total	Standby Hours			1st/2nd/3rd	Authorized Overtime Hours			Additional Info
					Total	Start	End		Start	End	Total	
Sun	Sept 7/14					0000	0900					
Mon	Sept 8/14	0830	1700	7.5					1200	1230		
Tues	Sept 9/14	0830	1700	7.5					1700	1730		
	Sept 10/14	0830	1700	7.5		1700	2400					
	Sept 11/14	0830	1700	7.5		0000	0830					
	Sept 12/14	0830	1700	7.5		1700	2400					
	Sept 13/14					0800						
Total Hours				37.5								

These are ONLY clinic hours. It should be an 8.0 or 8.5 hours shift depending on the community.

Standby hours - before clinic hours on top and after clinic hours on bottom (daily standby hours should finish at midnight)

Overtime Hours - this means extended clinic, worked over lunch or breaks, anything outside your standby hours and preauthorized OT, i.e.: flu clinic, dressing change, narcotic count, etc. (an OT Authorization form MUST back this up)

Please specify if 1st, 2nd or 3rd on call.

Any comments or additional info. i.e.: travel day, community change, etc.

Remember to write the week ending date.

NIC Name (Print): _____

NIC Signature: _____

ALL time sheets MUST be signed by the NIC. ALL corrections on the time sheet must have NIC initials

days worked/on-call: 7 days

Week Ending (MM-DD-YYYY): Sept 13/2014

Travel Time			
Day	Start	End	Comments
Sat	1430	1530	community to TB.
Sat	1700	1900	TB to Toronto.

Travel times must be according to flight itinerary, if there is any difference, you must include the reason of the delay on the comments - TRAVEL DETAILS MUST BE PROVIDED FOR ALL CONTRACTS IN ORDER TO PROCESS PAYMENT.

Summary of Hours	
Regular Hrs	
Standby Hrs	
Authorized OT Hrs	
Call Back Hrs (Form attached)	
Total hours	

DO NOT WRITE ANYTHING HERE - for office use only - totals for billing purposes.

TA # and PO # will be provided to you with travel information and in your contract. You MUST include this info before submitting time sheets

INSTRUCTIONS

HC NIC to send copy of signed Record to: Nurse Relief Coordination Unit

Fax Number: 613-952-4622 E-Mail: AgencyNurseServices_Servicedinfirmliresdagences@h.ca

Original Signed Record to be kept by the Contractor.

Remember to write your first and last name, also, the name of the community you are working in - ONLY ONE COMMUNITY PER TIME SHEET

TA#: _____ PO#: _____

Contractor: JV Pedabun 35 / CHCA

RECORD OF CALL BACK

Contract Nurse: _____ Community: _____

Complete ONE Record of Call Back PER Week (Sunday to Saturday)

Day	Date	Time	Reason for Call Back	Total Hours	NIC Name (Print)	NIC Initials
Mon	Sept 8/14	In: 1900 Out: 2030	pt care ...			
Mon	Sept 8/14	In: 2050 Out: 2100	Phone call ... pt care ...			
Mon	Sept 8/14	In: 2150 Out: 2200	phone call ... pt care ...			
Tues	Sept 9/14	In: 0100 Out: 0230	pt care ...			
Tues	Sept 9/14	In: 0230 Out: 0300	pt care ...			
Tues	Sept 9/14	In: 0350 Out: 0430	pt care ...			
Tues	Sept 9/14	In: _____ Out: _____				
Total Hours						

A brief description of the callback - please specify if there was a medivac

In and Out times must be the exact times of call back

Date of each call back: MM/DD/YY

NIC MUST print name and initial each entry.

Remember to write the week ending date.

Week Ending: _____

NIC Name: _____

Signature: _____

ALL time sheets MUST be signed by the NIC. ALL corrections on the time sheet must have NIC initials

OVERTIME AUTHORIZATION FORM

HEALTH CANADA FIRST NATIONS AND INUIT HEALTH BRANCH

NAME OF THE CONTRACTOR: JV Pedabun 35 / CHCA

NAME OF CONTRACT NURSE:

This means
your contract
dates

TA # and PO # will be
provided to you with
travel information and
in your contract. You
MUST include this info
before submitting time
sheets

Remember to
write the name of
the community

COMMUNITY:

SERVICE DATES:

PO NUMBER:

COMMUNITY LOCATION:

TA NUMBER:

REASONS FOR EXTRA DUTY:

Patient in observation- worked over lunch.
 1200 - 1230

A brief description of the reason
of overtime- MUST include the
exact time (from what time to
what time) of the overtime.

APPROXIMATE HOURS REQUESTED:

0.8 hrs.

Hours of
the
overtime

DATE:

Sept 8/2014

Date of the
overtime

COMMENTS:

NIC APPROVAL:

(PRINT NAME/SIGNATURE)

This form is to be utilized to approve all Overtime for Contract Nurses
assigned to be on Stand-by.

ALL time sheets MUST be signed by
the NIC. ALL corrections on the time
sheet must have NIC initials

INSTRUCTIONS:

NIC to send a copy of the signed Overtime Authorization to the Nurse Relief Coordination Unit at Fax
613-952-4622 or send pdf via email to agencynurseservices_servicedinfirmieresdugences@hc-sc.gc.ca.

Nurses are to attach the signed copy of this form to time sheets.

Original signed record to be kept by the contractor.

WHEN IS AN OT AUTHORIZATION FORM NEEDED:

- 1) Extended clinic hours: when you stay in the clinic after the regular clinic hours or worked over lunch or breaks
- 2) Extended Call-backs: you had to stay in a callback after your stand by hours ended or had to come in early before you started your stand by shift.
- 3) When your call-backs on a single shift add up to more than 4.5 hours