

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_Servicedinfirmieresdagences@hc-sc.gc.ca

Original Signed Record to be kept by the Contractor.

Contractor: JV Pedabun 35 / CHCA

Contract Nurse: _____

Community Location: _____

TA #: _____ PO# _____

Day	Date	Regular Hours			Standby Hours			1st / 2nd / 3rd	Authorized Overtime Hours			Additional Info
		Start	End	Total	Start	End	Total		Start	End	Total	
Sun												
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												
		Total Hours			Total Hours				Total Hours			

NIC Name (Print): _____

NIC Signature: _____

days worked/on-call: _____

Week Ending (MM-DD-YYYY): _____

Travel Time			
Day	Start	End	Comments

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

INSTRUCTIONS

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

Fax Number: 613-952-4622 E-Mail: AgencyNurseServices_Servicedinfirmieresdagens@hc-sc.gc.ca

Original Signed Record to be kept by the Contractor.

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
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
Total Hours						

Week Ending: _____

NIC Name: _____

Signature: _____

OVERTIME AUTHORIZATION FORM HEALTH CANADA FIRST NATIONS AND INUIT HEALTH BRANCH		
NAME OF THE CONTRACTOR: JV Pedabun 35 / CHCA		
NAME OF CONTRACT NURSE:		
REGION:	SERVICE DATES:	PO NUMBER:
COMMUNITY LOCATION:		TA NUMBER:
REASONS FOR EXTRA DUTY:		
APPROXIMATE HOURS REQUESTED:		
DATE:		
COMMENTS:		
NIC APPROVAL: (PRINT NAME/SIGNATURE)		
This form is to be utilized to approve all Overtime for Contract Nurses, other than when they are called back when assigned to be on Stand-by.		
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_servicedinfirmieresdagences@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.		