



# TIME SHEET

2330 W. Joppa Road \* Foxleigh Building, Suite 395 \* Lutherville, MD 21093  
Phone (410) 583-2950 \* (800) 937-1323 \* Fax (410) 847-3659

PLEASE PRINT		DAY DATE	TIME IN	TIME OUT	TOTAL HOURS WORKED	FOR SUPERVISOR AUTHORIZATION ONLY	
ID BADGE NUMBER						SUPERVISOR SIGNATURE (PLEASE PRINT NAME UNDER SIGNATURE)	
						I certify the hours are correct and authorize payment.	
PRINT NAME		SUN DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
JOB TITLE		MON DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER ONLY		TUE DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
UNIT/PATIENT		WED DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
DEPARTMENT		THU DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
PLEASE CHECK [ ] JHH [ ] JHU [ ] SINAI [ ] PD [ ] OTHER [ ] JHHS [ ] JHCP [ ] HC [ ] BMC		FRI DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
SIGNATURE		SAT DATE	AM PM	AM PM		Print Name: ( ) Staff Signature: ( ) 1-1	
CHECK INFO [ ] PICK-UP GSS [ ] DIRECT DEPOSIT		TOTAL HOURS REPORTED MUST BE FOR HOURS ACTUALLY WORKED					
<b>THANK YOU FOR WORKING WITH INTRASTAFF</b> Time sheets must be turned in BEFORE 8:30 AM on Monday <b>TIME SHEETS WITHOUT DATES OR OVER 30 DAYS OLD WILL NOT BE PROCESSED</b> <b>FAILURE TO COMPLETE ACCURATELY MAY CAUSE DELAY OF PROCESSING</b>					FOR INTRASTAFF OFFICE USE ONLY		
TIME SHEETS WITHOUT DATES OR SUPERVISOR SIGNATURE WILL NOT BE PROCESSED WHITE - OFFICE YELLOW - OFFICE PINK - SUPERVISOR GOLD - EMPLOYEE			Please indicate in the box to the right the number of hours <u>worked</u> in addition to your Intrastaff hours as a Johns Hopkins Health System employee and which facility below [ ] JHH [ ] JHHS [ ] JHCP [ ] HCGH [ ] BMC			OTHER HOURS	