Regular Employee Float Voucher

Name: _____		Date: _____
Empl. ID _____	Job Class: _____	Shift: _____
Home Unit _____	Float Unit _____	Home Unit _____
Unit Floating To: _____	Admin. Assist: _____	Admin. Assist: _____
Time In: _____	Telephone: _____	Telephone: _____
Time Out: _____	Address: _____	Address: _____
Total Hours: _____		
Charge Nurse Signature: _____		

All Vouchers must be turned in DAILY.
Vouchers not received by 5:00PM on the Friday prior to
Payroll Monday will NOT be processed until the fillowing payday.

For Admin. Asst. Use Only

Float Unit's _____	Hourly Rate: _____	
Account #: _____	Straight Time: _____	
Anticipated Time: _____	Over Time: _____	
Unanticipated Time: _____	Shift Differential: _____	
Weekends: _____	Bonus: _____	
Paydate: _____	Total: _____	

Float Employee:
Obtain Charge Nurse Signature
Give original copy to Home Unit AA for payroll puposes
Retain a copy, if desired

Home Unit AA:
Complete payroll information and send a copy to Float Unit AA
Enter time into OneStaff
Record time on timesheet using Float Unit Account#
Retain copy

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Retain copy