RCC & S, Inc.
Respiratory Care Staffing

53 Loveton Circle • Suite 106 • Sparks, MD 21152
24 HOUR COVERAGE
Office: 443-212-5234 • Fax: 443-212-5542
Web: www.respstaffing.com

Date: / /
(Month/Day/Year)

Name: _____
(Print Clearly)

Shift Worked: Day Eve Night Wknd
(Circle one)

Hospital:_____ Area:_____

Time In: _____ Out: _____ Holiday/Overtime_____ Total Hours Worked _____
(Circle all that apply)

_____ _____
Employee Signature *Authorized Signature*

(white copy) FOR HOSPITAL • (yellow copy) FOR OUR RECORDS • (pink copy) FOR EMPLOYEES RECORDS
TIME SLIPS MUST BE SUBMITTED WITHIN 30 DAYS OF SHIFT WORKED TO RECEIVE PAYMENT.