



1108 Ohio River Blvd • Sewickley, PA 15143 • (412)324-1025 • Fax (866)305-0388

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**IMPORTANT INFO AT-A-GLANCE:**

**Office Contact Info:**

Phone: 412.324.1025

Fax: 1-866-348-0112

Human Resources: ext. 123

**Office Hours:**

M-Th: 8a-4:30p

Friday: 8a-4p

**Schedulers' Contact Info:**

Amy Posterivo 412.324.1025 x133 [aposterivo@epeopleamerica.com](mailto:aposterivo@epeopleamerica.com)

Andrea DeMaria 412.324.1025 x 139 [ademaria@epeopleamerica.com](mailto:ademaria@epeopleamerica.com)

Jenna Yellenik 412.324.1025 x 125 [jyellenik@epeopleamerica.com](mailto:jyellenik@epeopleamerica.com)

**On-Call Phone #:**

412-576-1909

Available 24/7

**Timesheets:**

Email to: [timesheets@epeopleamerica.com](mailto:timesheets@epeopleamerica.com)

Fax to: 1-866-305-0388

\*\*Due Monday Mornings by 8am!

\*\*Must be signed by a supervisor at the facility.

\*\*Copies can be found online here:

<http://healthcare.epeopleamerica.com/documents.aspx>

**Pay Period:**

Saturdays through Fridays.

Payday is **EVERY** Friday and you are paid for the prior week worked.

**Below are the proper steps for completing and submitting a properly filled out ePeople timesheet.**

**#1:** Timesheet must include the name of the facility, employee name and the employee signature

**#6:** Timesheets must be submitted prior to 8am on Mondays. **Any timesheet submitted after 8am on Monday will not be processed through payroll**

Timesheets are due **MONDAYS at 8AM.**  
Timesheets received Tuesday are late and can effect Payroll processing.

Facility Name:
Employee Name:
Employee Signature:



**#2:** Please check your skill set

**#5:** You must obtain a signature from an RN supervisor so payroll can verify your working hours. **Any timesheet without a signature will not be accepted or processed.**

	RN	LPN	C.N.A.	Other:		
	Date	Time In	Time Out	Lunch	Daily Total	Client Signature
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						

**#3:** You must properly fill out your shifts

**#4:** Please be sure to include total hours worked and pay period

For Pay Period	Total Hours Worked
..... to .....	

1. ePeople Healthcare workweek is Saturday through Friday
2. Print Client's name clearly.
3. Both Employer and Employee **MUST** sign the timesheet.

**Employee Acknowledgment:** Hours worked and lunchtime hours are correct. I certify that no injury was incurred by me during my assignment.  
**Employment Offer:** I acknowledge that I have an employment agreement with ePeople that requires me to get ePeople's permission to accept any employment opportunity or any offer to utilize my services in any manner or under any circumstances with, or on behalf of, either directly or indirectly, any of the Facilities, Nursing Homes, Hospital, Providers and/or Clients that ePeople has placed me with in the past twelve months. I also acknowledge that any employment, or any offer to utilize my services in any manner or under any circumstances either directly or indirectly (for example, through another agency), at a client ePeople has placed me with in the past twelve months will be subject to my ePeople employment agreements and to ePeople's Client agreements. I agree it is my obligation to notify ePeople of any of the above events and get their written permission if I chose to accept this offer.

**Client Acknowledgment:** The hours shown are correct and the work was performed satisfactorily.  
**Hiring a Temporary:** We recognize ePeople incurs substantial recruiting, screening, and administrative expenses in providing this employee to us as a temporary staff. Therefore, we agree not to hire, either directly or indirectly (for example, through another agency), or otherwise utilize this employee in any manner or under any circumstances, other than through ePeople for twenty four (24) months following the end date of their last assignment with us.  
**Cost of Hire:** Clients that would like to hire, either directly or indirectly (for example, through another agency), or otherwise utilize the services of an ePeople employee in any manner agree to immediately notify ePeople and further agree to a. pay a mutually agreed upon employment fee or; b. keep the ePeople employee temporary until the employee has worked for a total of twenty four (24) months of full-time work.

**Exhibit A.** Example of a timesheet that **does not** comply with the policies and procedures of submitting a correct timesheet. A timesheet that is submitted like the one below could result in the delay of payroll.

Timesheets are due **MONDAYS at 8AM.**  
 Timesheets received Tuesday are late and can effect  
 Payroll processing.



Facility Name: XYZ  
 Employee Name:  
 Employee Signature: John Doe

#1: You must include both your name and signature

#2: Select discipline

RN	LPN	C.N.A.	Other:	Date	Time In	Time Out	Lunch	Daily Total	Client Signature
	X			4/7	8:12	3:15	11-11:30	6:42	
				SUN					
				MON					
				TUES	4/10	3	11	8	BBB
				WED					
				THUR	4/12	7	3	12-12:30	
				FRI	↓	↓	↓	↓	
				4/14	7-3	BBB			
				For Pay Period			Total Hours Worked		

#7: Missing signature

#6: Must enter break time

#3: Be sure to enter the correct date for the day worked. Do not place arrows to "move" the date to the next line.

#5: Include total hours worked

#4: Our pay weeks run Saturday – Friday. Use a different timesheet per facility and pay week. **Do not add extra lines.**

- ePeople Healthcare workweek is Saturday through Friday
- Print Client's name clearly.
- Both Employer and Employee **MUST** sign the timesheet.

**Employee Acknowledgments:** Hours worked and lunchtime hours are correct. I certify that no injury was incurred by me during my assignment.  
**Employment Offers:** I acknowledge that I have an employment agreement with ePeople that requires me to get ePeople's permission to accept any employment opportunity or any offer to utilize my services in any manner or under any circumstances with, or on behalf of, either directly or indirectly, any of the Facilities, Nursing Homes, Hospital, Providers and/or Clients that ePeople has placed me with in the past twelve months. I also acknowledge that any employment, or any offer to utilize my services in any manner or under any circumstances either directly or indirectly (for example, through another agency), at a client ePeople has placed me with in the past twelve months will be subject to my ePeople employment agreements and to ePeople's Client agreements. I agree it is my obligation to notify ePeople of any of the above events and get their written permission if I choose to accept this offer.

**Client Acknowledgments:** The hours shown are correct and the work was performed satisfactorily.  
**Hiring a Temporary:** We recognize ePeople incurs substantial recruiting, screening, and administrative expenses in providing this employee to us as a temporary staff. Therefore, we agree not to hire, either directly or indirectly (for example, through another agency), or otherwise utilize this employee in any manner or under any circumstances, other than through ePeople for twelve (12) months following the end date of their last assignment with us.  
**Cost of Hire:** Clients that would like to hire, either directly or indirectly (for example, through another agency), or otherwise utilize the services of an ePeople employee in any manner agree to immediately notify ePeople and further agree to a. pay a mutually agreed upon employment fee or; b. keep the ePeople employee temporary until the employee has worked for a total of six (6) months of full-time work.

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**Exhibit B.** Example of a timesheet that complies with the policies and procedures of submitting a correct timesheet.

Timesheets are due **MONDAYS at 8AM.**  
 Timesheets received Tuesday are late and can effect  
 Payroll processing.



Facility Name:	XYZ Facility
Employee Name:	John Doe
Employee Signature:	John Doe

RN	<input checked="" type="checkbox"/> LPN	C.N.A.	Other:				Client Signature
	Date	Time In	Time Out	Lunch	Daily Total		
SAT	6/7	7am	3:30 pm	.5	8 hrs		[Signature], RN SUP
SUN	6/8						
MON	6/9	7am	3:30 pm	.5	8 hrs		[Signature], RN SUP
TUES	6/10	7am	11pm	1.0	15 hrs		[Signature], RN SUP
WED	6/11						
THUR	6/12	2:30 pm	4pm	.5	8 hrs		[Signature], RN SUP
FRI	6/13						
<b>For Pay Period</b>				<b>Total Hours Worked</b>			
6-7-14 to 6-13-14					39 hours		

1. ePeople Healthcare workweek is Saturday through Friday
2. Print Client's name clearly.
3. Both Employer and Employee MUST sign the timesheet.

**Employee Acknowledgments:** Hours worked and lunchtime hours are correct. I certify that no injury was incurred by me during my assignment.  
**Employment Offers:** I acknowledge that I have an employment agreement with ePeople that requires me to get ePeople's permission to accept any employe opportunity or any offer to utilize my services in any manner or under any circumstances with, or on behalf of, either directly or indirectly, any of the Facilitie Nursing Homes, Hospital, Providers and/or Clients that ePeople has placed me with in the past twelve months. I also acknowledge that any employment, or an offer to utilize my services in any manner or under any circumstances either directly or indirectly (for example, through another agency), at a client ePeople h placed me with in the past twelve months will be subject to my ePeople employment agreements and to ePeople's Client agreements. I agree it is my obligation notify ePeople of any of the above events and get their written permission if I chose to accept this offer.

**Client Acknowledgments:** The hours shown are correct and the work was performed satisfactorily.  
**Hiring a Temporary:** We recognize ePeople incurs substantial recruiting, screening, and administrative expenses in providing this employee to us as a tempora staff. Therefore, we agree not to hire, either directly or indirectly (for example, through another agency), or otherwise utilize this employee in any manner or und any circumstances, other than through ePeople for twelve (12) months following the end date of their last assignment with us.  
**Cost of Hire:** Clients that would like to hire, either directly or indirectly (for example, through another agency), or otherwise utilize the services of an ePeop employee in any manner agree to immediately notify ePeople and further agree to a pay a mutually agreed upon employment fee or; b. keep the ePeop employee temporary until the employee has worked for a total of six (6) months of full-time work.

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