



Remote Worker Timecard

(Press F1 on your keyboard for help on field.)

Complete and send this timecard to your manager from your Baystate Health e-mail account, at the end of each work week.

EN:

Employee Name:

Cost Center:

Department Name:

Manager Name:

Pay Period Begin Date (Begins on Sunday):

Pay Period End Date: (Ends on Saturday):

Week Worked: (Sunday through Saturday)

Schedule & Hours Worked	Example*	SUN	MON	TUE	WED	THUR	FRI	SAT	Total Hours Worked
Scheduled Hours	8:00 am - 4:30 pm	-	-	-	-	-	-	-	
Hours Worked	8:40 am - 4:45 pm	-	-	-	-	-	-	-	

Non-Exempt employees who work more than six (6) hours in a shift are **required** to take a half (½) hour meal break during which no Baystate Health work is performed.

I certify that emailing this timecard to my manager from my Baystate Health e-mail account serves as my electronic signature and validates that the time identified above is an accurate depiction of my hours worked during the pay period identified.