

**SARASOTA MEMORIAL HEALTH CARE SYSTEM, INC.**

**EMERGENCY TIMECARD - (FORM E)**

**NAME** \_\_\_\_\_

**EMPLOYEE ID NUMBER** \_\_\_\_\_

**BUSINESS UNIT** \_\_\_\_\_  
(See legend below)

**DEPARTMENT #** \_\_\_\_\_  
(e.g. 3301 – OR)

**HOURLY** or **SALARIED** (circle one)

**DATE OF LOCK DOWN** \_\_\_\_\_

**TIME OF LOCK DOWN** \_\_\_\_\_

**HURRICANE TEAM (A or B)** \_\_\_\_\_

DATE	TIME IN	TIME OUT	EMERGENCY CODE	HOURS	DETAILED DESCRIPTION OF EMERGENCY CODE 5 – “OTHER HURRICANE DUTIES”	FINANCE USE ONLY

Signature (required) \_\_\_\_\_  
(Employee)

Date \_\_\_\_\_

Signature (required) \_\_\_\_\_  
**(Supervisor, Manager, or Director)**

Date \_\_\_\_\_

	<b>Business Unit Legend</b>		<b>Code</b>	<b>Description of Work Performed–Emergency Codes (for use on this emergency Time Card ONLY)</b>
00110	Sarasota Memorial Hospital		1	Working - Regular duties
00114	Sarasota Memorial Nursing Rehabilitation Center		2	Available to work
00210	SMH Physician Services, Inc.		3	Working – Emergency PSN duties
00220	SMH Professional Services Corp.		4	Sleep
00320	Sarasota Memorial Home Care, Inc.		5	Other Hurricane Duties
00340	SMH Diagnostic Services, Inc.			
00710	Sarasota Memorial Corporate Services Division			

**Notes:** 1. Emergency codes apply only to manual time cards. When SLEEP time is incurred, employees should also enter that time in Calendars as code 70 on TimePC or TimeCall.