



TIME SHEET

*Our Priority is your
Comfort and Satisfaction*

EMPLOYEE NAME

(Please Print Clearly)

Day	Date	Start	Finish	No. of Hrs	Client Name	Floor/Wing	Client Signature
Example	1/8/08	7:00 a.m.	3:00 p.m.	7.5	Facility Name	1st	Charge Nurse / Team Leader
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
TOTAL HOURS							

****Every Thursday contact us via telephone or email with your availability for the following week.**

Instructions

- Print clearly
- Complete this time sheet for every shift worked
- Every shift **MUST** be signed by a Registered Nurse / Team Leader or Client **BEFORE** you leave the facility
- Take your breaks!
- Fax time sheets in the Thursday after every pay period ends
- **Keep a copy for your records**

Scheduled Hours	Time Paid
12 Hour Shift	11.25 Hours
8 Hour Shift	7.5 Hours
6 Hour Shift	5.5 Hours
5 Hour Shift	4.75 Hours
4 Hour Shift	4 Hours