NurseStat LLC

Medical Staffing Agency
219 W Office Street Harrodsburg KY 40330
Office/Text 859-748-9600 Fax 859-715-0555

EMPLOYEE NAME: Last Name, First Name (PLEASE PRINT)

Facility/Client

CLIENTS AUTHORIZED SIGNATURE MUST APPEAR DAILY | **CHECK/INDICATE ALL THAT APPLY**

DAY	DATE	Time In	Time Out	Lunch	Total	Charge	CLIENT'S AUTHORIZED SIGNATURE FOR HOURS WORKED	UNIT	COVID	BONUS	TRAVEL
Monday		:	:	:	:	:					
Tuesday		:	:	:	:	:					
Wednesday		:	:	:	:	:					
Thursday		:	:	:	:	:					
Friday		:	:	:	:	:					
Saturday		:	:	:	:	:					
Sunday		:	:	:	:	:					

Week Ending		
Month	Day	Year

Total Hours

I certify that the hours shown represent my total hours worked and were verified Properly by an authorized representative of the client/facility.

Employee Signature:

(CIRCLE ONE)
I WOULD LIKE TO BE COMPENSATED BY: Pay Card Check Direct Deposit

Fax Timesheet to 859-715-0555

Email Image of Timesheet to: ts@nursestatky.com

TIMESHEET MUST BE IN BY 12:00 PM EST MONDAY MORNING

Timesheet complete when:

1. Times in/out filed in clearly. Total each day.
2. Appropriate signatures by days worked.
3. Facility name written in space provided.
4. Nurse's name written in space provided.
5. Nurse's signature in space provided.
6. 30 min. automatically deducted for lunch unless otherwise noted if 5 hours worked.
7. Mailing address change: Notify your recruiter
8. Pay period starts Monday am shift and end after Sunday pm shift.

Mail Check to: **ONLY** if you want the check sent to an address other than the one listed in your file.

OFFICE USE ONLY

Contract #: