



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

Facility/Client

CLIENTS AUTHORIZED SIGNATURE MUST APPEAR DAILY

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

Week Ending		
Month	Day	Year

Total Hours	<input type="text"/>	<input type="text"/>
	<p style="text-align: center;">I certify that the hours shown represent my total hours worked and were verified Properly by an authorized representative of the client/facility.</p> <p>Employee Signature:</p> <input type="text"/>	

**TIMESHEET MUST BE IN BY
 8:00 am EST MONDAY MORNING**

Timesheet complete when:

1. Times in/out filed in clearly.
2. Appropriate signatures by days worked.
3. Hospital 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.
7. Mailing address change -- notify your Recruiter

Fax Timesheet to: 859-715-0555

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 #:

