



221 CHELMSFORD STREET
 CHELMSFORD, MA 01824
 MAIN (603) 589-6000
 FAX (603) 232-2379
 EMAIL timecards@nemedstaff.com

PLEASE PRINT

COMPANY NAME / FACILITY			WEEK ENDING SATURDAY		DAY	DATE	STARTED	FINISHED	(LUNCH) OUT	(LUNCH) IN	REG. HOURS	OVERTIME HRS.				
EMPLOYEE NAME					SUN											
EMPLOYEE MUST FILL IN BELOW					MON											
Assignment Completed	Yes	No*	RN	LPN	AIDE	SITTER										
* If No, call your office			UNIT / FLOOR		TUES											
EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.																
EMPLOYEE SIGNATURE																
X																
APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF TERMS AND CONDITIONS STATED IN THE STAFFING SERVICE AGREEMENT.																
SUPERVISORS SIGNATURE AND APPROVAL (SEE ABOVE)											EQUAL OPPORTUNITY EMPLOYER		HOURS	MIN	HOURS	MIN
X																
CLIENT NAME (PLEASE PRINT)											THANK YOU FOR WORKING WITH NORTHEAST MED STAFF		TOTAL HOURS			

Email timecards to timecards@nemedstaff.com
 or fax them to 978-677-7874



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