



221 CHELMSFORD STREET  
CHELMSFORD, MA 01824  
PHONE (978) 455-6907  
EMAIL timecards@nemedstaff.com

**PLEASE PRINT**

COMPANY NAME / FACILITY			WEEK ENDING SATURDAY		DAY	DATE	STARTED	FINISHED	(LUNCH) OUT	(LUNCH) IN	REG. HOURS	OVERTIME HRS.		
			/ /		SUN									
EMPLOYEE NAME					MON									
<b>EMPLOYEE MUST FILL IN BELOW</b>			RN _____ LPN _____ AIDE _____ SITTER _____		TUES									
Assignment Completed	Yes	No*	UNIT / FLOOR _____		WED									
* If No, call your office					THU									
<b>EMPLOYEE:</b> I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.					FRI									
EMPLOYEE SIGNATURE					SAT									
<b>X</b>														
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
<b>X</b>														
CLIENT NAME (PLEASE PRINT)					<b>THANK YOU FOR WORKING WITH NORTHEAST MED STAFF</b>						<b>TOTAL HOURS</b>			

## TO OUR EMPLOYEES

Our Employees are our most valuable asset and we appreciate your dedicated service. Please read the following.

- 1) Each facility requires a different time sheet. If you are at the same facility for the week, use the same time sheet until the end of the week.
- 2) Please EMAIL the time sheet to us every Monday before 11:00 am. By signing this time sheet, you understand that you are responsible for sending it to Northeast Med Staff, as well as having it signed by your supervisor.
- 3) Week ending date is always Saturday.
- 4) Get signature and/or initials from Mgr./Charge Nurse after completing assignment. If your time card is not signed by a supervisor, you will not be paid.

## SPECIFIC INSTRUCTIONS

1. **Press Firmly** - Use ball point pen - You are making an original and copies.
2. **Week Ending** - Clearly print Saturday's n
3. **Name** - Clearly print your first name, middle initial and last name.
4. **Signature** - Signature should reflect printed name.
5. **Customer Signature and Title** - Have Customer/Client verify your hours and sign the time card for each week or days worked. Indicate if assignment is continuing or completed.

**NORTHEAST MED STAFF**