

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 <input type="checkbox"/> No <input type="checkbox"/>	RN _____ LPN _____ AIDE _____ SITTER _____	TUES									
* If No, call your office		UNIT / FLOOR _____	WED									
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			THU									
X			FRI									
APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF TERMS AND CONDITIONS STATED IN THE STAFFING SERVICE AGREEMENT.			SAT									
SUPERVISORS SIGNATURE AND APPROVAL (SEE ABOVE)			EQUAL OPPORTUNITY EMPLOYER						HOURS	MIN	HOURS	MIN
X			THANK YOU FOR WORKING WITH NORTHEAST MED STAFF						TOTAL HOURS			
CLIENT NAME (PLEASE PRINT)												

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