



## Time Sheet

**Nurse Name:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

	Date	Unit	Time in	Time out	Lunch	Hours	Call Back		On call	Supervisor Signature
							in	out		
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Total Hours:										

I certify that the hours worked listed on this time sheet are correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Timecards are due by 12:00pm (noon) every Monday for the previous week worked. Payday is every Friday for the previous day worked. Timecards can be faxed to the following: **(661) 266-2613**

Address to send pay check/stub: \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE ONLY	
REG	ON CALL
OT	CALL BACK
DBL	HOLIDAY