

FAX TO: 561-828-0671 (no coversheets please)

EMAIL TO: timesheets@nightingalenurses.net

Employee Name:	Week Ending Date / /
Facility Name:	SSN:

Please print neatly and ensure that all applicable sections are completed.
Round time up to the nearest one-quarter hour using decimals for fractions (example: 7.25 hours)

Please use the following section for **REGULAR AND CALLBACK HOURS ONLY**

Date	Time In	Time Out	Lunch/ Dinner	Total Hours	Call Back Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Weekly Total					

USE THE FOLLOWING SECTION FOR **ON-CALL HOURS ONLY**

Date	Time In	Time Out	Total ON CALL Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Weekly Total			

Place a check mark below if this is either the first or final week of this assignment

First Week

Final Week

Employee: _____
By my signature above, I hereby confirm that these hours are true and accurate and that this timesheet has been duly executed by an authorized signer of Facility.

Customer Authorization: _____ Tel: _____

By my signature above, I authorize payment to Employee for the time indicated. This timesheet is a binding contract to pay invoices associated with this time worked pursuant to terms and conditions set forth in the Supplemental Staffing Agreement between Nightingale and the Facility.

Performance rating (optional). Please rate the employee's performance circling the applicable number in the below scale with 1 being your lowest and 4 being your highest rating

Attendance/Punctuality	1	2	3	4
Attitude/Reliability	1	2	3	4
Clinical Skills	1	2	3	4