

NAME _____ POSITION _____ (CBRF, CNA, LPN, RN, CHARGE NURSE)

LOCATION _____

DATE	CLOCK IN	CLOCK OUT	LUNCH Y/N	SUPERVISER SIGNATURE	NOTE
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

** MAKE SURE TO START A NEW TIME SHEET EVERY SUNDAY. PUT THE **ACTUAL DATE** WHERE IS SAYS DATE AND FILL OUT THE REST

** SUPERVISER SIGNATURE **MUST BE SIGNED** EVERY SHIFT. SHIFT WILL NOT BE PAID OUT IF NO SIGNATUER

** USE A NEW TIMESHEET FOR EACH FACILITY, AND MAKE SURE TO PUT **FACILITY NAME ON TOP OF TIME SHEET**

** IF SOMETHING IS MISSING, YOU WILL GET ONE REMINDER TO GET IT TO PAYROLL, IF WE DONT RECIEVE IT, YOU WILL NOT BE PAID FOR THAT SHIFT

** IF YOU DID NOT TAKE A BREAK HAVE THE SUPERVISER WRITE A NOTE IN THE BOX EXPLAINING WHY OTHERWISE A LUNCH WILL BE TAKEN OUT

****** PLEASE SCAN AND EMAIL staffingsms@gmail.com OR FAX TO 715-952-0893**

PLEASE KEEP TIME SHEETS TILL THE END OF THE WEEK INSTEAD OF SENDING THEM EVERYDAY.