2829 Sheridan Drive, Tonawanda, NY 14150 | Toll-Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

Certified Nursing Assistant (C.N.A.)

Timesheet for Broughton Hospital

Week Beginning:				Week Ending:			
Employee Name:							
Please note: An entry must be recorded for every day of the work week. For those days that you did not work any hours, you must list one of the following reasons under "Time In" for that day: Not Scheduled (NS), Called in Sick (CS) or Pre-approved Time Off (PT). DO NOT LEAVE ANY DAYS BLANK.							
<u>Day</u>	<u>Date</u>	<u>Time In</u>	Time Out	<u>(-) Lunch</u>	<u>Total</u>	<u>PCU</u>	Supervisor Authorization
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours							
*** Overnight Shifts – Please report your hours on the row for the day during which you worked the majority of your hours. For example, if you start an 8-hour shift at 10:00 p.m. on Monday, all 8 hours should be reported on your timesheet on the row for							
Tuesday's shift.***							
If you worked less than 40 hours this work week or missed a scheduled shift for any reason, please provide a full explanation below. Please be reminded that monthly bonuses are strictly contingent upon perfect attendance with no call offs. Monthly bonus may be prorated for pre-approved time off only.							
I hereby certify that the above hours accurately represent my total hours of service at Broughton Hospital.							
Employee Sign	nature	Date					
Supervisor Signature D		Date					

Time runs Sunday through Saturday in one-week increments. Please fax time sheets to 877-375-2450 no later than Monday at 12:00 noon E.S.T. If you are unable to fax a copy signed by your supervisor, please send the unsigned time sheet listing your hours worked. You can then follow up later in the week with the authorized copy. This additional safeguard will ensure that you are paid on time.