

2829 Sheridan Drive, Tonawanda, NY 14150 | Toll Free: 866.633.3700 | Toll Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

Employee Timesheet - Due before noon every Monday

acility: PIEG	mont Geriai	tric Hospital	- Nurse time	esneet			
Veek Beginning:W			Wee	ek Ending:			
mployee Nan	ne:						
list one of the	following reaso		n" for that day: N	ot Scheduled (NS		not work any hours (CS) or Pre-approve	
<u>Day</u>	<u>Date</u>	Time In	Time Out	(-) Lunch	<u>Total</u>	Supervisor Auth	orization
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
				Total Hours			
you worked l	less than your t	arget weekly ho	ours or missed a	scheduled shift	, please provid	le an explanation.	
mployee Signature Date					Supervisor Signature [Date

- 1) The most efficient way to report your weekly hours is to take a picture of your facility verified timesheet and send it via text message to your recruiter's cell phone prior to noon every Monday. Please make certain the image is clear, readable, and captures all four corners of the document.
- 2) Alternatively, you can email a copy of your facility verified timesheet to your recruiter. Simply include the timesheet as an email attachment. Please make certain the image is clear, readable, and captures all four corners of the document. You can also fax a copy of the of your facility verified timesheet to your recruiter at 1-877-375-2450. PLEASE USE BLACK INK ONLY.