

Agency Name: Worldwide Travel Staffing, Limited

PLEASE COMPLETE IN BLACK INK ONLY

Employee Name: _____ Facility Name: _____

Week Beginning Saturday: _____ Week Ending Friday: _____

*An entry must be recorded for each 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 (PTO).
**** DO NOT TOTAL YOUR HOURS. The "Total Column is to be completed by Nursing Administration ONLY*****

Day	Date	Time In	Time Out	(-) Lunch	* Total (Nursing Administration Use ONLY)
Saturday					
Saturday					
Sunday					
Sunday					
Monday					
Monday					
Tuesday					
Tuesday					
Wednesday					
Wednesday					
Thursday					
Thursday					
Friday					
Friday					

***Authorized Total**

If you worked less than your contracted target weekly hours or missed a scheduled shift for any reason, please explain below: _____

**PLEASE COMPLETE
IN BLACK INK ONLY**

I hereby certify that the above hours accurately represent my total hours of service.

Employee Signature Date

Supervisor Signature Date