

2829 Sheridan Drive, Tonawanda, NY, 14150

Toll-Free: 866-633-3700 Toll-Free Fax: 877-375-2450

www.WorldwideTravelStaffing.com

## **TIMESHEET FOR CHERRY HOSPITAL**

Time runs Sunday thru Saturday in one-week increments.

Week Beginning:					Week Ending:			
Employee I								
DAY	DATE	TIME IN	TIME OUT	(-) LUNCH	TOTAL HOURS	UNIT	SUPERVISOR AUTHORIZATION	
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
				Total Hours				
If you worked	less than	40 hours th	is work week	, please indica	te the reason belo	ow:		
					otal hours of se	rvice at Ch	erry Hospital.	
Employee S	Signatur	e:						

Please fax time cards to 877-375-2450 no later than Monday at 12:00 noon EST. If you are unable to fax a copy signed by your supervisor, please send the unsigned time slip listing your hours worked. You can then follow up later in the week with the authorized copy. This additional safeguard will insure that you are paid on time.

**PLEASE FAX TO 877-375-2450**