



18725 N. Union St.
 Westfield, IN 46074
 Office: 317-862-8141
 Fax: 317-862-8143

Employee Timesheet

All time sheets due by **NOON** every **SUNDAY**.
 email: staffing@assurednursing.com

Nurse's Name	Title
Facility	Department/Unit

REGULAR HOURS

Day	Date	Start Time	No Lunch	Break Time*	End Time	Total Hours	Authorized Signature
Sun			<input type="checkbox"/>				
Mon			<input type="checkbox"/>				
Tues			<input type="checkbox"/>				
Wed			<input type="checkbox"/>				
Thur			<input type="checkbox"/>				
Fri			<input type="checkbox"/>				
Sat			<input type="checkbox"/>				

*30 min. of break time will be deducted if left blank.

ON CALL HOURS

Add AM/PM behind hours.

Day	Date	Start Time	End Time	Called In?	Hours Worked	Authorized Signature
				Yes No		
				Yes No		
				Yes No		
				Yes No		

Create separate timesheet per facility.

ORIENTATION HOURS

Day	Date	Start Time	End Time	Break Time	Hours Worked	Authorized Signature

Travel Per Diem: I travel over 50 miles one way to this facility per mapped authorization by Assured Nursing.

Comments

Employee Signature

Date