

CORE STAFFING WEEKLY TIME SHEET

This sheet must be filled out and signed by employee. All notations should be made in ink and the employee and shift supervisor/lead therapist must initial any corrections.

FAX: (877) 652-5053 E-MAIL:vitalnursestaff@gmail.com

Employee Name: _____	Department: _____
Employee Number: _____	Facility: _____

Week Ending ____/____/____	Day Shift	Evening Shift	Night Shift	Overtime	Total Reg. Hrs	Total Overtime Hrs	Supervisor's Signature/Initials
Sat.							
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Weekly Totals							

Employee's Signature: _____ Date: ____/____/____

Manager's Signature: _____ Date: ____/____/____

Fax Original to CORE Staffing * One Copy to Hospital *One Copy to Employee