

# Health Specialists, Inc.

NURSE STAFFING

Timesheets MUST be faxed in to 800-754-1758 by Monday at 12pm or NO PAYCHECK will be issued.

EMPLOYEE NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

AREA WORKED/UNIT: \_\_\_\_\_

WORK WEEK: \_\_\_\_\_ THROUGH \_\_\_\_\_

WEEK OF \_\_\_\_\_ THROUGH \_\_\_\_\_

DAY	DATE	TIME IN	LUNCH	TIME OUT	REGULAR HOURS	OVERTIME HOURS	HOURS ON CALL	HOURS AS CHARGE NURSE
Total hours for the week to the nearest ¼ of an hour.								

I certify that the hours shown above represent my total hours worked on this assignment during the week, and that they were properly verified by the client or by an authorized representative.

Employee Signature: \_\_\_\_\_

I certify the hours listed above are correct and were performed satisfactorily. I recognize the rights of Health Specialists as employer and agree not to employ the above named individual for one-year from completion of assignment. I understand upon violation of this condition, I will pay a \$10,000 fee.

Authorized Client Signature: \_\_\_\_\_

Hospital cancelled shift or sent traveler home early on \_\_\_\_\_ by \_\_\_\_\_

Traveler called in sick on or requested time off on \_\_\_\_\_

Traveler arrived late or went home early on \_\_\_\_\_

Traveler refused offer of another to make up hours on \_\_\_\_\_

Health Specialists, Inc.  
877-687-7346  
800-754-1758 (fax)  
www.healthspecialists.com