Health Specialists, Inc.
NURSE STAFFING

Time Sheet

Timesheets MUST be faxed to 913-438-1998 or take a picture with your phone and email it to staffing@healthspecialists by **Monday at 12pm** or **NO PAYCHECK will be issued.**

EMPLOYEE NAME:_____

FACILITY NAME:_____

AREA WORKED/UNIT:_____

WORK WEEK:_____THROUGH_____

DAY	DATE	TIME IN	LUNCH	TIME OUT	REG	OT	CALL BACK	ON CALL	CHARGE NURSE

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 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 _____