



Fax 1-866-667-0562
TIME SHEET

Client Name: _____

Employee Name: _____

SS#

- RN
- LPN
- Other

	Mo.	Day	Time In	Lunch Time Taken	Time Out	Unit/Floor	Reg	OT	Total Hours	Customer Signature
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
TOTAL HOURS										

Employee Signature: _____ Date _____ / _____ / _____

* By approving the hours worked on this timesheet, client agrees to pay for the services and that the services were performed in a satisfactory manner.

* Employee certifies that the hours indicated on this timesheet are correct and were approved by an authorized individual employed by the client.

White - Corporate Yellow - Branch Pink - Facility

By signing this time slip, it is understood that the undersigned is an authorized representative and acknowledges:

- (A) That the total number of hours is correct and that the work was performed in a satisfactory manner.
- (B) That the *medsense* employee will be managed by the client as set forth in the client's own policies and procedures and will address any incident consistent with those policies and procedures. The authorized client employee verifying the hours assigned to *medsense* personnel indicates the recognition of *medsense* as the employer.