



Phone: 901.682.2900 Fax: 901.682.1777  
 Website: ornurses.com

<b>REGION:</b> <i>(Please Check One)</i>
<input type="checkbox"/> Dallas
<input type="checkbox"/> Houston
<input type="checkbox"/> Mid-South
<input type="checkbox"/> National Travel

Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
 (e.g., RN, ORT, ST, etc.)

Facility Name: \_\_\_\_\_

DAY OF WEEK	DATE	UNIT	TIME IN	LUNCH		TIME OUT	REG HOURS WORKED	OT HOURS WORKED	SUPERVISOR APPROVAL	SPECIAL INSTRUCTIONS OR COMMENTS (No Lunch, Call, Call Back)
				TIME OUT	TIME IN					
			AM/PM	AM/PM	AM/PM	AM/PM				
			AM/PM	AM/PM	AM/PM	AM/PM				
			AM/PM	AM/PM	AM/PM	AM/PM				
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			AM/PM	AM/PM	AM/PM	AM/PM				
			AM/PM	AM/PM	AM/PM	AM/PM				

TOTAL REG: \_\_\_\_\_ OT: \_\_\_\_\_

I certify that the hours above represent my actual worked time and were verified by the client or authorized representative of the client. I agree to notify OR Nurses Nationwide of my availability to work when my assignment ends. If I do not call OR Nurses Nationwide within 24 hours of completion of my assignment, then they can assume I am not available or interested in working. I understand that failure to contact OR Nurses Nationwide, or refusing an assignment, may result in denial of my unemployment benefits. By signing below, I certify that no work-related injury or Joint Commission reportable patient event occurred during these shifts.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*TO ENSURE TIMELY AND ACCURATE PROCESSING OF PAYROLL, TIMESHEETS MUST BE FAXED OR EMAILED NO LATER THAN 9AM CST MONDAY MORNINGS\*\***