

REGION: <i>(Please Check One)</i>
<input type="checkbox"/> Texas
<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	ON-CALL HOURS WORKED	CALL-BACK 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						
			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						
			AM/PM	AM/PM	AM/PM	AM/PM						
			AM/PM	AM/PM	AM/PM	AM/PM						
TOTALS												

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****