



Employee Name: _____

Make a copy at the end of each shift for facility. Use one timesheet per week. Timesheets are due Sunday at 12:00am. Submit to pay@truecarenursing.com or fax to 1-888-647-3131

Day	Facility	Date	Title	Time In	Lunch Break	Time Out	Total Hours worked per day	Unit Worked	Signature
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total Hours worked/week									

I certify that the hours shown above represent my total hours worked and are verified by the facility or authorized representative.
 By signing this timecard, the facility certifies the hours shown are correct, work was done according to quality management standards. All facility requirements were met, and facility agrees to pay all invoices related to this timecard in full. Staffing direct line 24/7: (316) 932-5317

EMPLOYEE SIGNATURE: _____

By signing this timesheet, employee certifies that this that this timecard is true and accurate and did not suffer and injuries/accidents during the hours covered in this timesheet. If employee experienced an accident or injury. He/she must submit an accident report with this timecard.