



Timesheets are due by 12:00pm on Mondays
 Please send to payroll@statstaffpro.com or fax to (518)306-4493
 Earn Up to \$500 by referring a nurse!

Employee Name		Hospital Name					
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Total Hours	DAY	Date	Start Time	End Time	Charge Start	Charge End	Less Meal – {If no meal taken, an additional signature is required in this column per shift}	Authorized Signature
	SUN							
	MON							
	TUE							
	WED							
	THU							
	FRI							
	SAT							

Total Hours	DAY	Date	On Call Start Time	On Call End Time	Call Back Start Time	Call Back End Time	Authorized Signature
	SUN						
	MON						
	TUE						
	WED						
	THU						
	FRI						
	SAT						

	TOTAL	On Call:		Call Back:		
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I CERTIFY THAT THE HOURS SHOWN ABOVE REPRESENT MY TOTAL HOURS ACTUALLY WORKED ON ASSIGNMENT AND THAT THEY WERE PROPERLY VERIFIED BY THE CLIENT OR BY AN AUTHORIZED REPRESENTATIVE.

Employee Name		Employee Signature	
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