



2829 Sheridan Drive, Tonawanda, NY, 14150
 Toll-Free: 866-633-3700
 Toll-Free Fax: 877-375-2450
www.WorldwideTravelStaffing.com

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Time runs Saturday thru Friday in one-week increments.

Week Beginning: _____ **Week Ending:** _____

Employee Name: _____

DAY	DATE	TIME IN	TIME OUT	(-) LUNCH	TOTAL HOURS	PRIMARY CARE UNIT	R.N. SUPERVISOR AUTHORIZATION
SATURDAY							
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
TOTAL REGULAR HOURS							

I hereby certify that the above accurately represents my total hours of service at K nca]b['GHIY Hospital.

Employee Signature: _____

Please fax timecards to 877-375-2450 no later than Monday at 12:00 noon EST. If you are unable to fax a copy signed by your supervisor, please forward the unsigned timesheet listing your hours worked. You can then follow up later in the week with the authorized copy. This additional safeguard will insure you are paid on time.

PLEASE FAX TO 877-375-2450