

2829 Sheridan Drive, Tonawanda, NY 14150 | Toll Free: 866.633.3700 | Toll Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

William R. Sharpe, Jr. Hospital Timesheet

Employee Nam	e:					
Week Beginnin	g Saturday:	Week Ending Friday:				
	ing reasons und	er "Time In" for that	t day: Not Scheduled	(NS), Called in Sick	not work any hours, you mo (CS) or Pre-approved Time by your Supervisor.	
<u>Day</u>	<u>Date</u>	<u>Time In</u>	<u>Time Out</u>	<u>(-) Lunch</u>	* <u>Total</u> (Supervisor Us	se Only)
Saturday						
Saturday						
Sunday						
Sunday						
Monday						
Monday						
Tuesday						
Tuesday						
Wednesday						
Wednesday						
Thursday						
Thursday						
Friday						
Friday						
If you worked less than your contracted target weekly hours or missed a				* Authorized Total a scheduled shift for any reason, please explain below:		
I hereby certify	that the above	hours accurately rep	present my total hou	rs of service.		
Employee Signature Date				Supervisor Signature Date		

PLEASE SUBMIT TO YOUR FACILITY SUPERVISOR FOR AUTHORIZATION