339 MAIN STREET
NASHUA, NH 03060
MAIN (603) 589-6000
FAX (603) 578-0253
FAX (866) 239-1981

PLEASE PRINT

COMPANY NAME / FACILITY

WEEK ENDING SATURDAY / /

EMPLOYEE NAME

EMPLOYEE MUST FILL IN BELOW

Assignment Completed | Yes | No*

* If No, call your office

RN ____ LPN ____ AIDE ____ SITTER ____

UNIT / FLOOR ____

EMPLOYEE: I CERTIFY THAT THE HOURS SHOWN HEREON REPRESENT THE TOTAL HOURS WORKED THIS WEEK BY ME, AND WERE PROPERLY VERIFIED BY THE CLIENT.

EMPLOYEE SIGNATURE

X

APPROVAL INCLUDES VERIFICATION OF HOURS WORKED AND ACCEPTANCE OF TERMS AND CONDITIONS STATED IN THE STAFFING SERVICE AGREEMENT.

SUPERVISORS SIGNATURE AND APPROVAL (SEE ABOVE)

X

CLIENT NAME (PLEASE PRINT)

DAY	DATE	STARTED	FINISHED	(LUNCH) OUT	(LUNCH) IN	REG. HOURS	OVERTIME HRS.
SUN							
MON							
TUES							
WED							
THU							
FRI							
SAT							

EQUAL OPPORTUNITY EMPLOYER

HOURS	MIN	HOURS	MIN

THANK YOU FOR WORKING WITH PREMIER MEDICAL STAFFING

TOTAL HOURS

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EQUAL OPPORTUNITY EMPLOYER

HOURS	MIN	HOURS	MIN

THANK YOU FOR WORKING WITH PREMIER MEDICAL STAFFING

TOTAL HOURS