



PREMIER MEDICAL STAFFING

Company/Facility Name _____

Supervisor's Signature and Approval (see below) _____

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

Week Ending	Mo.	Day	Yr.	Assignment Completed	Yes	No*
				* If No, call your office		

Employee Name (Print) _____

RN _____ LPN _____ AIDE _____

UNIT / FLOOR _____

Daily Time Record

Month Date	Day	Start Time		Finish Time		Less Lunch		Total Hrs.	Initials
		Hrs.	Min.	Hrs.	Min.	Hrs.	Min.		
	Sun								
	Mon								
	Tues								
	Wed								
	Thurs								
	Fri								
	Sat								
Total Hours and Minutes Worked This Week									

- NOTES:
- 1) Each facility requires a different time sheet. If you are at the same facility for the week, use the same time sheet until the end of the week.
 - 2) Please FAX the time sheet to us every Monday before 11:00 am. By signing this time sheet, you understand that you are responsible for sending it to Premier Medical Staffing, as well as having it signed by your supervisor.
 - 3) Overtime will not be paid unless pre-approved by PMSI staff prior to working. This cannot be in the form of a message left on voicemail.
 - 4) Week ending date is always Saturday.
 - 5) Get signature and/or initials from Mgr./Charge Nurse after completing assignment. If your time card is not signed by a supervisor, you will not be paid.

**THANK YOU FOR
WORKING WITH PREMIER
MEDICAL STAFFING**

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

White: Office Yellow: Office Pink: Employee Gold: Customer