HealthPro Staffing Solutions

Weekly Assignment Time Record

MAIL time sheet to above address – or - *FAX* to Payroll Department 516.938.2228

Name _____ For week ending (Saturday) _____

Soc. Sec./ EIN _____ Discipline: RN LPN PT PTA OT COTA ST Other: _____

Your signature _____

By signing this time sheet I certify the hours worked below are correct and true

Client/facility: _____ Location: _____

Note: Use 1 time sheet per facility per week

Date	Day	Start time	Finish time	Time taken as Break	Hours Worked	Facility supervisor's signature needed to approve worked hours
/ /07	Sunday					
/ /07	Monday					
/ /07	Tuesday					
/ /07	Wednesday					
/ /07	Thursday					
/ /07	Friday					
/ /07	Saturday					
					Total Hours Worked:	

FAX facility time record, this form <u>AND</u> your matching invoice to: (516) 938 – 2228

Or

MAIL to: 82 North Broadway – Suite 202 – Hicksville – NY - 11801