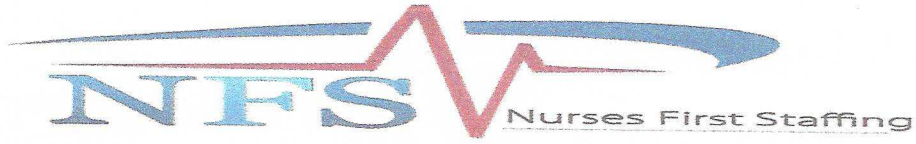
Please review the common mistakes when filling out Timesheets



TIME SHEET

Week Ending: 7-

Employee Name: John Doe Title: RN

NFS ID Number: Not Required Hospital/Facility:

Department: Supervisor:

MILITARY TIME

Date	In Time	Out Time	Break	Total Hours
6-28-16	7pm	730		
6-29-16	7pm	730		
6-30-16	7pm	8		
		WEEKLY TOTALS:		

Employee Signature: John Doe RN Date: 7/1/16

Supervisor Signature: Date:

Please review the correct way to fill out the timesheet

NFS Nurses First Staffing

TIME SHEET

Week Ending: 7-2-2016

Employee Name: John Doe **Title:** RN

NFS ID Number: Not Required **Hospital/Facility:** ABC HOSPITAL

Department: ICU **Supervisor:** Bill Smith

Date	In Time	Out Time	Break	Total Hours
6-28-16	1900	0730	30	12
6-29-16	1900	0730	30	12
6-30-16	1900	0800	30	12.5
		WEEKLY TOTALS:		36.5

Employee Signature: John Doe RN Date: 7/1/16

Supervisor Signature: Bill Smith ANM/CHARGE RN Date: 7/1/16