



# TIME SHEET

Week Ending: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFS ID Number: \_\_\_\_\_ Hospital/Facility: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date	In Time	Out Time	Break	Total Hours
<b>WEEKLY TOTALS:</b>				

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit timecard to payroll@nursesfirststaffing / (fax)855-274-0999 with subject stating "First/Last Name & Timecard" every Monday by 1pm