

LOVE- NURSE & ALLIED STAFFING

DAILY TIME SHEET

Email: <u>Allclin@lovenursingstaff.com</u> Fax:443.227.4476

Has direct deposit information changed? Y / N (circle one)

If yes: Routing#/Acct #: (*not for facility use)

EMPLOYEE SIGNATURE:		
EIVII EOTEE SIGIVATORE		

EMPLOYEE NAME:	

FACIL <mark>I</mark> T	Y:	

TIME IN:	TIME OUT:	

LUNCH BREAK (LENGTH):

IF NO BREAK SUPERVISOR MUST INITIAL HERE:	\rightarrow
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WAS PRAC	TITIONERS' PEI	RFORMANCE SATISFACTORY
VEC	NO	

COMMENT(S):

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If yes: Routing#/Acct #: (*not for facility use)
EMPLOYEE SIGNATURE:
EMPLOYEE NAME:
FACILITY:
DEPARTMENT:
MIN I
TIME IN: TIME OUT:
LUNCH BREAK (LENGTH):
IF NO BREAK SUPERVISOR MUST INITIAL HERE:

SHIFT SUPERVISOR SIGNA	ATURE:

DATE.		

SHIFT SUPERVISOR SIGNATURE:

WAS PRACTITIONERS' PERFORMANCE SATISFACTORY?

DATE: _____*MAKE COPY FOR YOUR RECORD

YES____

COMMENT(S):

^{*}MAKE COPY FOR YOUR RECORD



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Has direct depo (circle one) if y	osi <mark>t information ch</mark> es:	nanged? Y / N		
	: (not for facility u			
Employee Signa	ature:	<u>y</u>	- M	M
EMPLOYEE N	NAME:		- O- TV	
FACILITY:				
DEPARTMEN	NT:		12 (A) K	
DATE:	TIME IN	TIME OUT	LUNCH (LENGTH)	IF NO LUNCH SUPERVISOR MUST INITIAL (EACH DATE)
Sun	10-			
М	11/9			
Tu				
We		-	1	
Thu		111		
Fri				
Sat				
WAS PERFORMANCE SATISFACTORY? Yes NO COMMENT(S):				
SUPERVISOR SIG	SNATURE	DATE:		

^{*}MAKE A COPY FOR YOUR RECORD