



# EMPLOYEE TIMESHEET

Fax To: 317-862-8143

Email: Staffing@assurednursing.com

**All time sheets due by NOON every SUNDAY**  
**One timesheet per facility**

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

Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

## Regular Hours

Date	Day	Start Time	End Time	*Break Time	Total Hrs Work	Authorization Signature
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					
	Sat					

*\* 30 minutes of break time will be deducted if left blank*

## On Call Hours

Date	Day	Start Time	End Time	Called In? Y/N	Call Time Worked	Authorization Signature

## Orientation Hours

Date	Day	Start Time	End Time	Break Time	Authorization Signature

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

Date: \_\_\_\_\_

Additional items/comments:

Travel Per Diem – I travel over 50 miles one way to this facility per mapped authorization by Assured Nursing