PREMIER HEALTHCARE STAFFING

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

EMPLOYEE'S NAME

PAY PERIOD FROM:

CLIENT'S NAME

TO:

HOSPITAL UNIT

NOTE: UNDOCUMENTED LUNCH BREAKS WILL BE DEDUCTED @1/2 HR PER DAY UNLESS NOTED (NO LUNCH)

DAY	DATE	SHIFT	DEPT/ UNIT	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS		IN-CHARGE HOURS	ON-CALL HOURS	CALL BACK HOURS	HOME HEALTH		COMMENTS
													# OF VISITS	MILEAGE	
SUNDAY															
MONDAY															
TUESDAY															
WEDNESDAY															
THURSDAY															
FRIDAY															
SATURDAY															
SUNDAY															
MONDAY															
TUESDAY															
WEDNESDAY															
THURSDAY															
FRIDAY															
SATURDAY															
TOTAL HOURS															

EMPLOYEE SIGNATURE _____ DATE _____

CLIENT APPROVAL _____ DATE _____

Premier Healthcare Professionals
100 Colony Park Dr Cumming GA 30040

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