



**FACILITY TIME SHEET**  
**(NOT for use in NYC DOE schools)**

**PLEASE COMPLETE AND FAX THIS TIMESHEET TO 866-549-1599 AT THE END OF EACH SHIFT / WORK SCHEDULE.**

**\*\*\*\*\*The workweek begins 12:00am on Saturday and ends 11:59pm on Friday.**

**PLEASE PRINT CLEARLY.**

*FACILITY NAME:* \_\_\_\_\_

*EMPLOYEE NAME:* \_\_\_\_\_

*TITLE (Please circle one): RN LPN RN Supervision C.N.A*

<u>DATES OF SERVICE</u>	<u>SHIFT START TIME</u>	<u>LUNCH (IN)</u>	<u>LUNCH (OUT)</u>	<u>SHIFT END TIME</u>	<u>TOTAL HRS WORKED</u>	<u>SUPERVISOR SIGNATURE</u>
SAT:						
SUN						
MON:						
TUES:						
WED:						
THURS.						
FRI.						

OVERTIME APPROVED     YES     NO  
 SUPERVISOR SHIFT     YES     NO

\_\_\_\_\_  
 Authorized Client Representative's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 NPORT Employee's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 VTA / NPORT Operations Department

\_\_\_\_\_  
 Date

- ❖
- ❖ ALL OVERTIME MUST BE APPROVED BY FACILITY STAFF PRIOR TO SHIFT BEING WORKED
- ❖ ALL SHIFTS / SCHEDULES MUST BE CONFIRMED BY FACILITY STAFFING PERSONNEL