



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

*Please complete and email this timesheet to <u>nursetimesheets@nportstaffing.com</u> by every Saturday. Please confirm that the timesheet was received with <u>nursetimesheets@nportstaffing.com</u>.

** The workweek begins 12:00 AM on Sunday and ends 11:59 PM on Saturday and as such is paid per the payroll calendar. All hours done past Saturday 11:59 PM are paid in the following workweek/pay period which starts every Sunday 12:00 AM. Overtime rate is only paid for all hours worked past 40 hours during a workweek.

PLEASE PRINT CLEARLY.

FACILITY NAME:					-	
EMPLOYEE NAMI	E:				-	
TITLE (Please circ	le one): RN Supervi s	sor RN LPN	CNA			
DATES OF SERVICE	SHIFT START TIME	LUNCH (IN)	LUNCH (OUT)	SHIFT END TIME	TOTAL HRS WORKED	SUPERVISOR SIGNATURE
SUN:						
MON:						
TUES:						
WED:						
THURS:						
FRI:						
SAT:						
		OVERTIME A SUPERVISOR	APPROVED R SHIFT	YES □ NO YES □ NO		
Author	rized Client Repre	sentative's Print	ed Name	Authorized Cl	lient Representat	ive's Title
Auth	orized Client Rep	resentative's Sign	nature Dat	e of Authorized (Client Representa	tive's Signature

Date of Employee Signature

- ${\color{red} \diamondsuit} \quad \text{ALL OVERTIME MUST BE APPROVED BY FACILITY STAFF PRIOR TO SHIFT BEING WORKED}$
- ❖ ALL SHIFTS / SCHEDULES MUST BE CONFIRMED BY FACILITY STAFFING PERSONNEL

NPORT Employee's Signature