



**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.

Payroll contact: Angela Hankinson [angela.hankinson@nportstaffing.com](mailto:angela.hankinson@nportstaffing.com) Phone: 718-724-2825

**\*Timesheets for the 1-15 are due by the end of the day on the 15th/ Timesheets for the 16-end of the month are due at the end of your shift on last day of the month**

**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>
SUN:						
MON:						
TUES:						
WED:						
THURS:						
FRI:						
SAT:						

OVERTIME APPROVED  YES  NO  
 SUPERVISOR SHIFT  YES  NO

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

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