Time Sheet

Week Of:

# ADVANTAGE HCS

# Work is hectic getting help doesn’t have to be

P.O. BOX 80126

Midland, TX 79708

Fax (432)242-3805

Phone (432)466-1994

|  |  |
| --- | --- |
| Employee name:  | Title:  |
| facility Name: | Area worked: |
| charge nurse: \_\_\_\_yes \_\_\_\_nolunch: \_\_\_yes \_\_\_no | special unit: \_\_\_\_ob&l&d \_\_er \_\_nicu \_\_other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | date | start time | end time | start time | End Time | Regular Hours | Overtime Hours | Total Hours |
| Sunday |  |  |  |  |  |  |  |  |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |
| Weekly Totals |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  Milage:  | \_\_\_\_\_\_\_\_\_\_ |
| Employee signature: | Date:  |
| Supervisor signature: | date: |
| Client signature: | Date:  |

Each employee is responsible for time sheet signatures at the end of each shift. **Text Timesheets to**

**432-466-1994 @ the end of every shift.**