

# 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 ____NO	SPECIAL UNIT: ____OB&L&D __ER __NICU
LUNCH: ____YES ____NO	__OTHER _____

	DATE	START TIME	END TIME	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	TOTAL HOURS
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
<b>WEEKLY TOTALS</b>								

MILEAGE \_\_\_\_\_

EMPLOYEE SIGNATURE:	DATE:
SUPERVISOR SIGNATURE:	DATE:
CLIENT SIGNATURE:	DATE:

Each employee is responsible for time sheet signatures at the end of each shift. **Text A Picture of Timesheets to Timesheet@advantage-hcs.com @ the end of every shift.**