



LIFELINE
MEDICAL STAFFING

TIME SHEET FORM

NAME: _____

FACILITY: _____

DEPARTMENT: _____

	DATE	TIME IN	TIME OUT	LUNCH Y/N	HOURS	CHARGE SIGNATURE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

A break time of 30 minutes will automatically be deducted from a shift greater than 6 hours unless no lunch is taken. Shift will start at the beginning of your scheduled shift unless otherwise approved to start earlier.

EMPLOYEE SIGNATURE: _____

By executing this form, employee agrees to and certifies that this form is true and accurate.

*Time sheets due before Monday on the following week. Email to
timesheets@lifelinemedstaffing.com



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