

NAME:___

FACI	LIIY:_					
DEP	ARTME	ENT:				
	DATE	TIME IN	TIME OUT	LUNCH Y/N	HOURS	CHARGE SIGNATURE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
unless no		ken. Shift	will start a	=		rom a shift greater than 6 hours of your scheduled shift unless
EMPLOY	EE SIGN	ATURE: _				

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

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



TIME SHEET FORM

NAME:_ FACILIT\	NAME: FACILITY:_					
DEP/	DEPARTMENT:	Ä T:	-			
			-			
	DATE	TIME IN	TIME OUT	LUNCH	HOURS	CHARGE SIGNATURE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						

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

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MEDICAL STA	
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TIME SHEET FORM

JAME:
ACILITY:
DEPARTMENT:

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

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

EMPLOYEE SIGNATURE:

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