



Weekly Time Sheet

PLEASE FAX TO: 877-337-7695 OR

EMAIL TO: SPRINGFIELDPAYROLL@PROGRESSIVENURSING.COM



NAME:	SSN Last 4:	RN____ LPN____ OTHER_____
FACILITY:	UNIT / UNIT CODE:	WEEKLY DIRECT DEPOSIT____ WEEKLY CASH CARD_____

DAY	DATE	TIME IN	TIME OUT	ON CALL	CALL IN	LUNCH Y/N	TOTAL HOURS	COMMENTS/ EXPLANATIONS**	DAILY AUTHORIZED SIGNATURE
SUN									
MON									
TUE									
WED									
THUR									
FRI									
SAT									

I, the undersigned, certify that this is an accurate record of my working time and that it was properly verified by the client or authorized representative. I certify that no injury was incurred by me during this assignment.

Mandatory explanation and client authorized signature required for any time worked beyond shift or for lunch not taken.

Nurse Signature: _____

Date: _____

Please print legibly to ensure accuracy

HOSPITAL REPRESENTATIVES ARE ONLY TO SIGN DAILY AUTHORIZED SIGNATURE BLOCK