



"Dedicated Healthcare professionals at your service during time of need."

MIS-PUNCH Time Sheet

Office: 240.695.1772
 Fax: 240.695.1888

Week Of: _____ - _____

*** THIS FORM IS TO ONLY BE SUBMITTED IF YOU HAVE A VALID REASON FOR NOT CLOCKING INTO THE CLOCKSPOT SYSTEM. IF YOU DO NOT HAVE A VALID REASON FOR WHY YOU DID NOT USE CLOCKSPOT, YOU WILL NOT BE PAID FOR HOURS NOT RECORDED.

EMPLOYEE NAME:	TITLE:
EMPLOYEE ID NUMBER:	UNIT #:
FACILITY:	CLIENT:

DATE	START TIME	END TIME	MINUS BREAK	TOTAL HOURS WORKED
WEEKLY TOTALS:				

Reason for not punching into the ClockSpot system: _____

- I UNDERSTAND THAT IF MY TIMESHEET IS NOT FAXED TO SUNSHINE ON THE GO NURSING, INC. BY NOON ON MONDAY , MY PAYCHECK WILL BE DELAYED.	DATE:
EMPLOYEE SIGNATURE:	
- SIGNATURE INDICATES ACCEPTANCE OF THE CLIENT AGREEMENT ON THE BOTTOM OF THIS PAGE AND HOURS SHOWN ARE TRUE AND CORRECT.	DATE:
SUPERVISOR SIGNATURE:	

Facility and "Sunshine On The Go Nursing, INC." agreement:

The individual signing Sunshine On The Go Nursing, INC. employees time sheet is an authorized representative of the client and certifies that the hours worked are correct and the work performed was satisfactory.