



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

Employee Time Sheet

Employee Name: _____						
Day	Date	Time In	Time Out	Less Lunch	Regular Hours	O.T. Hours
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

Please Fax to: 240.695.1888

Total Straight Time

Hours	Minutes

Total Overtime

Hours	Minutes

Facility Name: _____

Supervisor: _____

Signature indicates acceptance of the client agreement on the bottom of this page and hours shown are true and correct.

Employee Signature: _____

I understand that if my timecard is not faxed to Sunshine On the Go Nursing by noon on Monday my paycheck will be delayed.

Facility and "Sunshine On the Go Nursing, Inc." agreement as follows:

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