ConTemporary Nursing Solutions **Weekly Timesheet**

www.rnstaffing.com

Payroll Toll Free Phone:	888-767-4968
Payroll Local Phone:	703-354-5151
Payroll Local Fax:	703-354-9727
Payroll Text:	703-354-5151

WEEKLY TIME RECORD

Client/Hospital: _____

Clinician's Name:_____

Week of: _____/_____/_____ to _____/_____/_____ Specialty/Unit: _____

DAY	DATE	IN	OUT	BREAK	TOTAL HOURS	HOSPITAL SIGNATURE			TOTAL
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

Direct Deposit	Mail Check	EZ Pay Card

Extra Info/ On-Call					
Total					

Employee Signature: _____ Date: _____

I certify that the hours shown above represent my true hours worked and that no injury occurred during the shift. I recognize the rights of ConTemporary Nursing Solutions, Inc. and its division ConTemporary Allied Solutions as the employer and agree not to be employed by the client /facility identified above, directly or indirectly, for a period of one hundred eighty (180) days from the termination of this assignment without approval of CNS. I will submit this timesheet within fifteen (15) days of the date worked.

Manager Signature: _____ Date: _____

I am an authorized representative of the client facility and the information above is accurate and all services provided were satisfactory. This client facility recognizes ConTemporary Nursing Solutions, Inc. and its division ConTemporary Allied Solutions as the employer and agrees not to hire the employee identified above, directly or indirectly, for a period of one hundred eighty (180) days from the termination of this assignment without approval of CNS.