



Wise Medical Staffing, Inc.

DAILY TIMESHEET

Facility Name: _____

Employee Name: _____

SS#: _____

RN LPN STNA (Circle One)

Date Worked: _____

Unit / Floor

Shift: _____

Weekday: _____

Time in: _____

Time out: _____

Meal: 30 min. 60 min. No meal (Circle One)

Total Hours Worked: _____

Overtime Approved: _____

Assigned employees are employees of Wise Medical Staffing. A recruitment fee of 20% of annual salary will be due if you choose permanent retainment of employee. Overtime is worked on a voluntary basis only and is paid time and one-half regular rate and is billed as such.

Authorized Client Signature: _____

Printed Name: _____

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative. I also certify that I was not injured on the above shift.

Employee Signature: _____