**TIMEKEEPING POLICY**

**To turn in your timesheet**

**EMAIL/TEXT to:** [payroll@trustednursestaffing.com](mailto:payroll@trustednursestaffing.com) **or FAX to: 716-853-5020**

The Trusted Nurse Staffing work week is Sunday through Saturday. Paychecks are issued every Friday for the previous weeks’ hours. Lunches must be subtracted from the total hours worked. Employee signature and supervisor signature are required on all timesheets and must be received at the Trusted Nurse Staffing Office by Monday at noon in order to be paid. If your signed timesheet is not received by this deadline, your pay cannot be processed until the following week. NO EXCEPTIONS.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME |  | Week Ending Date |  |
| EMPLOYEE SIGNATURE |  | DISCIPLINE |  |
| LAST 4 DIGITS of SSN |  | FACILITY UNIT |  |

|  |  |
| --- | --- |
| CLIENT NAME |  |
| FACILITY NAME |  |
| AUTHORIZED CLIENT SIGNATURE |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **SHIFT** DAY EVE. NIGHT | | | **DEPT** | **IN** | **OUT** | **LUNCH** | **TOTAL HOURS WORKED** | **OVERTIME HOURS APPROVAL** |
| **Sun** |  |  |  |  |  |  |  |  |  |  |
| **Mon** |  |  |  |  |  |  |  |  |  |  |
| **Tues** |  |  |  |  |  |  |  |  |  |  |
| **Wed** |  |  |  |  |  |  |  |  |  |  |
| **Thurs** |  |  |  |  |  |  |  |  |  |  |
| **Fri** |  |  |  |  |  |  |  |  |  |  |
| **Sat** |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TOTAL REG HOURS** |  | **TOTAL OT HOURS** |  | **TOTAL ORIENTATION HOURS** |  |