

Ed Stevenson RN
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404 Jayhawk Ct.
Hugoton, KS 67951
620-417-5679 Office
620-544-7629 Fax

Time Sheet of Hours Worked

Name (print) _____ RN _____ LPN _____ CMA _____ CNA _____

Facility (print) _____ *Mileage to facility from residence _____

Facility Representative Name (print) _____

Date _____ Time In _____ Time Out _____ Total Hours Worked _____

I certify that the hours shown above represent my total hours worked on this assignment during the date listed. And that these hours were properly verified by the client/facility representative listed above for services rendered by me as a employee/contractor for liaison services of Nurse Link Staffing Inc.

* Mileage payable only at participating facilities by most direct route.

(X) _____
Employee/Contractor Signature

I agree that the person submitting this time sheet has been present at the times stated above. I further agree by signing that the person presenting this time sheet has worked in a satisfactory manor and has not violated any policy of this facility to the best of my knowledge. The facility agrees as stated in the contract to not employ directly in any capacity, the person named hereon this time sheet without first reaching an agreement with Nurse Link Staffing Inc.

(X) _____
Authorized Facility/Client Signature

Please fax time sheet(s) to Nurse Link Staffing Inc. at 620-544-7629 IMMEDIATELY after working agreed shift(s). One time sheet per shift assigned. Please make copies as necessary.