

# TIME SHEET Guardian Angel Staffing Agency



Employee Name (PLEASE PRINT) \_\_\_\_\_  
FIRST

LAST  
 RN     LPN     CNA     CMT     NA

Facility/Client Name: \_\_\_\_\_

Instructions: Employee must complete timesheet and obtain client approval for the time worked. Completed timesheets should be returned to Guardian Angel Staffing no later than noon on Monday following the week ending date.

	Mo.	Day	Unit Floor	Time In	Lunch Off Duty	Time Out	Reg	OT	Total Hours	CUSTOMER SIGNATURE EACH DAY SEPARATE	Branch Use	
											Rate	Rate
S												
M												
T												
W												
T												
F												
S												

Employee Signature :X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TOTAL HRS. \_\_\_\_\_

- By approving the hours of this timesheet, client agrees to pay for the services and that the services were performed in a satisfactory manner.
- Employee certifies that the hours indicated on this timesheet are correct and were approved by an authorized individual employee by the client.