

Timesheet for the week of: _____

Day/Date		Location/Facility Worked	Position Worked	Shift Start	Shift End	Meal Break	Hours Worked	Total Mileage	Pager Provided and/or Returned?	Supervisor Signature
Sun				am pm	am pm					
Mon				am pm	am pm					
Tues				am pm	am pm					
Wed				am pm	am pm					
Thurs				am pm	am pm					
Fri				am pm	am pm					
Sat				am pm	am pm					

Client Notice: By execution of the for, Client certifies: (1) the above hours are correct, and the work was done in a satisfactory manner.

(3) Client agrees to pay for services provided by above mentioned Employee of Advena Healthcare Staffing.

Employee Acknowledgment:

I certify that the hours shown above represent my total hours worked and they were verified by the facility or by an authorized representative.

Print Name: _____ **Signature:** _____

Employee Reminders:

- Timesheets due by 12pm on Monday.
- Fax timesheets to: (785)-789-4756 or email to: HR@advenagroup.com
- Submit a new timesheet for each pay period (Sunday-Saturday).
- Leave a copy of your timesheet at the facility after each shift.

Notes:
