

Independent Healthcare Staffing

11709 Fruehauf Dr.Suite 117

Charlotte, NC 28273

Fax 1-866-249-1839

Phone 800-536-3001

Weekly Time Sheet

Name _____ SS# last 4 _____
 Facility _____ Unit _____
 Pay period begin date _____ Pay period end date _____

***** Hours must be faxed by 12:00 noon
 every Monday (EST)

Use fraction of hours as needed - 15 min. = .25 hours, 30 min. = .50 hours, 45 min. = .75 hours

Day of Week	Date	Unit	Time In	Time Out	Meal Break	All Hours Worked			Special Pay Hrs		Hours not Worked	
						Regular	Holiday	Call Back	On-Call	Charge	Call off	Sick
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Totals												
	*****	Hours must be faxed into the office by noon every Monday. (EST)										
	*****	Late timesheets will be payable the following pay period.										
	*****	Call the office to verify that your timesheet was received.										
	*****	Your timesheet is your responsibility.										
		To ensure accurate payroll and billing, please make sure that the <u>hours worked</u> appear in the proper column. Write OFF in the Time In column for days you are not scheduled to work.										

IHS Employee Signature _____

Employee signature above confirms that all entries on this timesheet are true and complete and that all hours worked (excluding meals taken, but including meals worked) are included in the ALL HOURS WORKED Columns

Facility Authorization _____

Title _____

Independent Healthcare Staffing CANNOT process paychecks without authorized signature