



PHONE (877) 783-1483 Fax (877) 783-1626
 EMAIL: info@onestaffmedical.com

Employee Name: _____ Recruiter: _____
 Facility Name: _____ Facility City/State: _____
 Department: _____ Supervisor: _____

Regular Hours Sunday - Saturday

Week Of:	Date	Start Time	End Time	Meal Break	Total Hours	Supervisor initials
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
WEEKLY TOTALS						

On-Call Hours

Week Of:	On-Call In	On-Call Out	Total On-Call	Call Back In	Call Back Out	Total Call Back
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
WEEKLY TOTALS						

Employee Signature: _____

Facility Signature: _____

I certify that the hours were worked by me on the dates designated hours are true and correct; verified by a representative of the facility.

By signing below, customer acknowledges that all hours are true and Correct; and has read and agreed to all terms in the client agreement.

Payroll Information - For Office Use Only

Per Diem	\$		Reimbursement	\$	
Travel	\$		Other	\$	
Stipend	\$		Other	\$	