



Employee Name: _____

Facility: _____

Please do not abbreviate.

Please Circle:

Title: **RN** **LPN** **STNA**

Day	Date	Unit	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Supervisors Signature (By signing, I certify that I have reviewed and agree that the total hours reported are correct)
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

By Signing, I certify hours reported are accurate and reflect actual hours worked.

Employee Signature

Date

FAX Timesheets to: 513-745-9024 or EMAIL (mickig@sssolutions4u.com) by Monday at 10 am (to ensure your pay will be processed in a timely manner). Submitting Timesheets any later will delay your pay check.