



# NURSE STAFFERS, INC. EMPLOYEE TIMESLIP

☐ MAIL OR ☐ PICKUP CHECK

146 LAKEVIEW DRIVE, SUITE 200  
GIBBSBORO, NJ 08026  
(856) 566-3235 / (856) 783-6354 FAX  
(856) 816-5832 CELLPHONE  
staffing@nurse-staffers.com

**TIMESLIPS MUST BE SUBMITTED  
BY MONDAY, 12:00PM EST TO MAKE SURE  
YOU GET PAID ON WEDNESDAY**  
YOU CAN FAX, EMAIL OR TEXT A CLEAR, COMPLETE PICTURE OF  
YOUR ENTIRE TIMESLIP. THANK YOU!

Employee Name: \_\_\_\_\_

☐ CNA ☐ LPN ☐ RN

Facility: \_\_\_\_\_

Week Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

|           | DATE | SHIFT<br>START<br>TIME   | SHIFT<br>STOP<br>TIME    | UNIT | HOURS<br>WORKED   | <b>SUPERVISOR'S SIGNATURE</b><br><small>The facility certifies that hours shown are correct and work was done according to all policies &amp; procedures. Also, all requirements were met and facility agrees to pay all invoices related to this timeslip in full.</small> |
|-----------|------|--------------------------|--------------------------|------|---|---|
|           |      | PLEASE WRITE<br>AM OR PM | PLEASE WRITE<br>AM OR PM |      | 30 MINUTES<br>MANDATORY BREAK<br>TIME DEDUCTED FROM<br>EACH SHIFT |   |
| SUNDAY    |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| MONDAY    |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| TUESDAY   |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| WEDNESDAY |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| THURSDAY  |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| FRIDAY    |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |
| SATURDAY  |      |                          |                          |      |   |   |
|           |      |                          |                          |      |   |   |

## To Employee Important Instructions:

You must complete and submit a timeslip for EACH FACILITY. EACH SHIFT must be signed by the Supervisor. Late timeslips will be paid the following payday. Incomplete, incorrect and unrecognizable entries on your timeslip will delay processing of your paycheck, in addition ALL STAFFING MUST BE DONE THROUGH THE OFFICE, if you are NOT on our schedule you will not be paid until it has been verified with the facility. If you must stay past the scheduled time or come in early, NURSE STAFFERS, INC. must be notified and it must be approved. If you are sent home early or cancelled for a shift involuntarily, please indicate on your timeslip.

I certify that the hours shown are correct and represent the total hours I worked at this facility for the week. An authorized facility representative properly verified these hours. I understand that any misrepresentation of hours worked or failure to obtain the signature of an authorized facility representative will be considered an attempt to commit fraud and will be prosecuted to the fullest extent allowed under state of law. I understand that any questionable or illegible information or signatures on this document are subject to verification by NURSE STAFFERS, INC., which may cause a delay in processing. I understand that I will be paid upon verification of the above information

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_