



**LOTUS ABOVE & BEYOND HEALTHCARE STAFFING**

**Time Sheet**

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

**Position:** \_\_\_\_\_

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

**Week Ending Date:** \_\_\_\_\_

|           | Date | Time In | Time Out            | Total | Signature |
|-----------|------|---------|---------------------|-------|-----------|
| Sunday    |      |         |                     |       |           |
| Monday    |      |         |                     |       |           |
| Tuesday   |      |         |                     |       |           |
| Wednesday |      |         |                     |       |           |
| Thursday  |      |         |                     |       |           |
| Friday    |      |         |                     |       |           |
| Saturday  |      |         |                     |       |           |
|           |      |         | Total Hours Worked: | ----- |           |

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

By signing above, the employee acknowledges these are the hours that they worked and verifies that they had a facility supervisor/charge nurse sign this timesheet at the end of each completed shift. **All time sheets are due no later than 8am each Sunday. No Exceptions!**

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