



**EMPLOYEE NAME:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

Circle Your Credential Below:

**CNA            QMA            LPN            RN            Dietary**

ATTENTION NICHE MEDICAL STAFFING EMPLOYEES: ALL TIMESHEETS MUST BE FULLY COMPLETED AND VALIDATED BY SUPERVISOR. YOU MUST UPLOAD ALL TIMESHEETS **BY 11:59 PM ON SUNDAYS. EMAIL TO PAYROLL@NICHEMEDICALSTAFFING.COM OR UPLOAD VIA OUR WEBSITE UNDER THE EMPLOYEE TAB.**

IF WE DO NOT RECEIVE YOUR APPROVED TIMESHEETS BEFORE PAYROLL IS PROCESSED, YOUR PAYCHECK WILL BE DELAYED UNTIL THE FOLLOWING PAY PERIOD. IF YOU DO NOT TAKE A BREAK A NURSE MUST SIGN VALIDATING YOU DID NOT GET A BREAK.

**TIME CARD SHEET**

|           | DATE | START TIME (AM/PM) | LUNCH Y/N | IF NO LUNCH SUPERVISOR SIGN HERE | END TIME (AM/PM) | TOTAL HOURS | SUPERVOR SIGNATURE | COVID UNIT (Y/N) | DOWN STAFFED (Y/N) |
|-----------|------|--------------------|-----------|----------------------------------|------------------|-------------|--------------------|------------------|--------------------|
| SUNDAY    |      |                    |           |                                  |                  |             |                    |                  |                    |
| MONDAY    |      |                    |           |                                  |                  |             |                    |                  |                    |
| TUESDAY   |      |                    |           |                                  |                  |             |                    |                  |                    |
| WEDNESDAY |      |                    |           |                                  |                  |             |                    |                  |                    |
| THURSDAY  |      |                    |           |                                  |                  |             |                    |                  |                    |
| FRIDAY    |      |                    |           |                                  |                  |             |                    |                  |                    |
| SATURDAY  |      |                    |           |                                  |                  |             |                    |                  |                    |

**Niche Medical Staffing Employee Timesheet Approval**

I CERTIFY THAT THE DATES AND HOURS SHOWN ON THIS TIME SHEET ARE ACCURATE:

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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