

# Weekly Time Sheet

**Paid Holidays:** Paid holidays are based on provincial recognized STAT pay rates. It's important to note that agency/travel nurses do not have the same statutory pay structure as staff/unionized nurses due to differing agreements. Additionally, please be aware that shift swaps do not contribute to overtime calculations.

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

Designation: \_\_\_\_\_

Specialty ER, ICU, MED, ETC: \_\_\_\_\_

**IMPORTANT:** For staff placed in Newfoundland timesheets must be signed by the unit manager, educator or clinical facilitator. The health authority will not accept signatures from charges nurses, agency nurses or staff nurses.

All Staff: Signer's Signature MUST be accompanied by a legible First and Last name.



Day	DATE	Hospital/Facility	Unit (i.e 5west, 7.1)	Time In	Time Out	Regular Hrs.	Additional Hrs.	Total Hrs.	Charge Nurse/ Manager Name	Signature
Sun										
Mon										
Tue										
Wed										
Thur										
Fri										
Sat										
<b>Total Hrs.</b>										

Shift Hours	Break	Hours Paid
4 hrs	15 minutes	3.75hrs (3hrs 45 minutes)
5-11hrs	30 minutes	7.5 hrs (7hrs 30 minutes)
12-15hrs	45 minutes	11.25 hrs (11hrs 15 minutes)
16hrs	60 minutes	15hrs (15hrs)

Note: When you sign and submit this timesheet, you're affirming that the information it contains is honest and accurate.

Were there any shift swaps on this timesheet? Y\_\_\_\_\_ N\_\_\_\_\_ If (Y)list dates:\_\_\_\_\_

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

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

Submit your weekly timesheet to <https://forms.clickup.com/36777235/f/132b8k-1465/0M6EQZ5N3R9I7YE0D0> by noon every Sunday. A supervisor's signature is required for all shifts worked. Ensure the timesheet is fully completed for timely payment processing. Any extra hours (OT or regular) must be accompanied by the Missed Break/OT Authorization Form for documentation. Your prompt and complete submissions are essential for efficient payroll processing.