



Fill & Submit the Timesheet at the end of your shift to;

Sign In to your membership account & Upload

Or [info@carelinkstaffingllc.com](mailto:info@carelinkstaffingllc.com)

Address: 7642 S Sheridan Ave

Tacoma WA 98408,

Tel. No. & WhatsApp: +1((253) 433-2810

## PLEASE EMAIL TIMESHEET AT END OF EACH WORKDAY

PUT A ✓ IN THE "LATE CALL" COLUMN IF THE SHIFT WAS A LATE CALL

NURSE ON DUTY NEED TO SIGN AND IF NOT AVAILABLE FACILITY EMPLOYEE YOU WORKED WITH MAY SIGN

ALL DATES MUST BE IN THE SAME CALENDAR MONTH

Your NAME: \_\_\_\_\_

WORK WEEK: MONDAY TO SUNDAY

FACILITY, LOCATION: \_\_\_\_\_

Position: \_\_\_\_RN

\_\_\_\_LPN

\_\_\_\_CNA

\_\_\_\_MEDTECH

\_\_\_\_HCA

\_\_\_\_BHT

\_\_\_\_OTHER: \_\_\_\_\_

	DATE	TIME IN	TIME OUT	LUNCH	TOTAL HOURS	LATE CALL	FACILITY SIGNATURE/ DATE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
TOTAL							

Comments:

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date