



Employee: _____
Qualified RN LPN QMA STCNA

Employee: _____

SS# _____

Facility: _____

PLEASE PRINT

TIMECARD

-One Card Per Shift -

Day _____

Shift _____

Time In _____

Break _____

Time Out _____

Total Reg. Hours _____

Late Call Shift _____ Yes _____

Supervisor's Signature _____ Date _____

certify that the hours listed above
represent the total hours worked.

Employee's Signature _____ Date _____

**Client agrees to pay a placement fee in the event
that the client employs or retains employee who
has provided service to the client through
Strategic Healthcare Staffing.**

317-737-6356/ 219-939-7374

FAX: 1-888-649-1668

www.strategicstaffingnurses.com



Employee: _____
Qualified RN LPN QMA STCNA

Employee: _____

SS# _____

Facility: _____

PLEASE PRINT

TIMECARD

-One Card Per Shift -

Day _____

Shift _____

Time In _____

Break _____

Time Out _____

Total Reg. Hours _____

Late Call Shift _____ Yes _____

Supervisor's Signature _____ Date _____

certify that the hours listed above
represent the total hours worked.

Employee's Signature _____ Date _____

**Client agrees to pay a placement fee in the event
that the client employs or retains employee who
has provided service to the client through
Strategic Healthcare Staffing.**

317-737-6356/ 219-939-7374

FAX: 1-888-649-1668

www.strategicstaffingnurses.com