RELIEVE STAFFING
TM

Client Name: _____

Contractor Name: _____

Position: _____ Unit: _____ Covid Unit: Yes / No

Date Worked: _____ (*** Use the Date the Shift Started on, Not the Date it Ended on.)

Shift Start Time: _____ AM   PM

Shift End Time: _____ AM   PM

Meal Break: 30   60   90   No Break: _____ (*** Client Initials Required, NO Exceptions)

Total Hours: _____

*** Please document your Actual time of Arrival and Departure even for a Stat Call.

*** All contractors are Required to take a 30 minute lunch break if you work greater than 6 hours.

*** You are Required to leave a Copy of this time sheet at the Facility.

*** You MUST Upload a copy of this timesheet to the NextCrew App when you clock out of your shift. There are NO Exceptions to this policy. Please do NOT email or text time sheets as they will not be accepted.

Contractor certifies by signing this time sheet that the hours are accurately represented, and the total hours worked are correct.

Client agrees by signing this time sheet, that hours reflect total of hours and satisfied with contractor's standard of care.