



COMFORT HEALTH GROUP

800 WILLAMETTE STREET
EUGENE, OR 97401

PHONE: (469) 991-9186 EMAIL: info@comfortshealthgroup.com

TIMESHEET

WEEK ENDING DATE _____ (SATURDAY)
EMPLOYEE NAME: _____ TITLE: _____
FACILITY NAME: _____
CHARGE NURSE _____ TITLE: _____

DAY/DATE	START	LUNCH OUT	LUNCH IN	END	DAILY TOTAL HOURS	SHIFT CHARGE NURSE SIGNATURE
SUN						
MON						
TUE						
WED						
THUR						
FRI						
SAT						
WEEKLY TOTALS						

EMPLOYEE SIGNATURE: _____	DATE: _____
CHARGE NURSE NAME: _____	
CHARGE NURSE SIGNATURE: _____	DATE: _____