

PERMIAN MEDICAL STAFFING, LLC.



TEXAS PRN

2020 E. 8th Street
Odessa, TX 79761
Ph. 432.617.8233
Fax 432.617.3000

**MUST CHECK BELOW
IF ADVANCE IS NEEDED**

- Direct Deposit Advance
- Cash Card Advance
- Non Advance
- Mail Check

Employee Name: _____ Classification: _____

Client Name: _____

**MUST be initialed by client including overtime or lack of mealtime.
All timesheets are DUE EVERY Monday.**

DAY	DATE	UNIT/ FLOOR	TIME STARTED	TIME ENDED	LESS LUNCH	HOURS	LATE CALL	MILES	CLIENT APPRV'D
SUN.									
MON.									
TUES.									
WED.									
THURS.									
FRI.									
SAT.									
WEEKLY TOTALS:									

I certify that the hours shown above represent my total hours worked and the client approval was notated by the client or an authorized representative of the client.

Employee Signature: _____ Date: _____

Daily Nurse Evaluation	Exceeds	Meets	Needs Improvement
Dress Code	_____	_____	_____
Patient care	_____	_____	_____
Safety & Infection Control	_____	_____	_____
Time/Efficiency	_____	_____	_____
Team Player	_____	_____	_____
Documentation	_____	_____	_____

Client acknowledges and hereby agrees to the terms and conditions of contract and verifies above hours are correct.

Client Signature: _____ Date: _____

Office - White

Client - Yellow

Employee - Pink