



Vital Health Staffing, LLC
4141 38th St S Ste 2D
Fargo ND 58104
Ph: 701-356-1653

Weekly Time Report

PLEASE EMAIL THE COMPLETED TIMESHEET TO: info@vitalhealthstaffing.us

For Week Ending: _____ 2026

Employee Name: _____ (Print clearly)

Facility Worked at: _____

A COMPLETED TIME SHEET MUST BE SUBMITTED NO LATER THAN 10:00 AM THE MONDAY OF EACH WEEK. TIMESHEETS SUBMITTED AFTER MONDAY WILL BE PROCESSED THE FOLLOWING WEEK. Saturday shifts that end on Sunday should be entered fully on Saturday.

ENTER AM/PM OR USE MILITARY TIME PLEASE

		Date	Start Time	Lunch/Break Out	Lunch/Break In	End Time	Total Hours	Clients Initial
1 st Day	Sunday							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
Last Day	Saturday							
	TOTAL							

I HEREBY CERTIFY THAT THE ABOVE IS CORRECT

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____