

1717 Dixie Hwy Suite 110 • Ft. Wright, KY 41011

Tel: 859-344-9000 • www.westernnurses.com

FAX, TEXT OR EMAIL SIGNED TIME CARD AT THE END OF EVERY SHIFT.

FAX: 859-344-9779 | TEXT: 859-409-9996 | EMAIL: STAFFING@WESTERNNURSES.COM

Employee Name		Job title			Client Name			
Date	Day	Time Started (circle AM or PM)	Lunch Break	Time Finished (circle AM or PM)	Missed Lunch*	Office	Unit/ Floor	Client Signature
	SUN	AM / PM		AM / PM				
	MON	AM / PM		AM / PM				
	TUES	AM / PM		AM / PM				
	WED	AM / PM		AM / PM				
	THURS	AM / PM		AM / PM				
	FRI	AM / PM		AM / PM				
	SAT	AM / PM		AM / PM				

Employee: Total hours per shift will be rounded to the nearest quarter hour. Your time sheet is your responsibility. You can't be paid unless time sheet is signed by you and the client. Lunch break is 30 minutes per shift. Supervisor must initial missed lunch per shift. **I hereby certify this time sheet is true.**

Customer: I have the authority to sign this time sheet. I have signed next to the shift that the total amount of hours are correct. We understand that the employee is a Western Nursing Services employee. Transfer of employee payroll will need to be approved by Western Nursing Services director and expenses will be incurred according to our contract.

Employee Signature
Date:

*FACILITY MUST INITIAL FOR MISSED BREAK, BY COMPLETING THE SECTION, FACILITY UNDERSTANDS IT WILL BE BILLED FOR THE MISSED BREAK.