

Time Sheet

Week Of: _____ to: _____

QCS
QUICK CARE
 -STAFFING-
 101 Rice Bent Way, Unit 11
 Columbia, SC 29229
 Phone: (803) 552-9470
 Fax: 1 (803) 845-4484
 Email: hr@quickcaresaffing.com

EMPLOYEE/NURSE NAME:						TITLE:	
FACILITY:						UNIT/FLOOR:	
DATE	TIME IN	LUNCH	TIME OUT	REGULAR HOURS	OVERTIME HOURS	LOCATION	SUPERVISOR DAILY INITIAL
Sun.							
Mon.							
Tues.							
Wed.							
Thurs.							
Fri.							
Sat.							
WEEKLY TOTAL:							
EMPLOYEE SIGNATURE:						DATE:	
FACILITY/SUPERVISOR SIGNATURE:						DATE:	

***Timesheets are due weekly no later than 12:00 noon on Mondays either by fax/email. Authorized client representative must sign Timesheet.

Call/text office to confirm receipt of timesheet***

"When You Need a Nurse PDQ!"