

# TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

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RN

□

RPN

9

PSW

[illegible]

**NOTE:** Please email time sheets on time to avoid delays. Late time sheets will be paid on the next pay period.  
Extra hours worked MUST be approved in writing by the charge Nurse/DOC.  
You must sign the facility register, otherwise the agency will not be able to pay you.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_