Elohim Medical Staffing Agency

Elohim home care and staffing agency, Inc

WEEKLY TIMESHEET

FAX TIME SLIP TO: 515-963-1293
EMAIL TO: **timesheet@elohimhcs.com**
Weekly pay (hours worked from **Monday** through **Sunday**)
Time slips are due **Monday by 8.00AM** for the previous week worked.

POSITION:	**CNA**:	**CMA**:	**LPN**:	**RN**:
Facility Name:				
Employee Name:				

Facility representative to Initial for approved overtime and for missed breaks/lunch

Day	**Mon**	**Tues**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Date							
Unit/floor worked							
Shift Start Time							
Lunch break*							
Shift End Time							
Total Hours Worked							
Facility Representative signature							
Emergency shift. Approval							

By Signing this I certify that the information and hours reported above are accurate and reflect my actual hours Worked
Name: _____ Date: _____/____/ 20_____
Signature: _____

301 NE Trilein Dr, Ste 3B Ankeny, IA 50021

www.elohimhcs.com Email: info@elohimhcs.com Phone: 515-964-0366. Fax: (515) 963-0366