



DAILY TIMESHEET

ORIGINAL

Use black or blue pen only. Fill out completely. Obtain Supervisor's signature. Leave yellow copy with facility. Return white copy to Advantage Medical Professionals. Void 60 days after date worked. Payment Terms and Hiring Policy is in accordance with staffing agreement or contract.

CHECK ALL THAT APPLY

Client Initial ORIENTATION
 _____ WORKED AS CHARGE NURSE
 _____ STAT CALL
 _____ WORKED LUNCH _____ HOUR

PATIENT'S NAME
I.P.D.

NEW ORLEANS	LAFAYETTE	BATON ROUGE	COVINGTON	HOUSTON	DALLAS
504.456.0073 CALL	337.233.1954 CALL	225.291.8880 CALL	985.327.5888 CALL	713.850.7677 CALL	214.630.7700 CALL
504.456.1144 FAX	337.237.4576 FAX	225.291.8889 FAX	985.327.5890 FAX	713.850.8844 FAX	214.630.7766 FAX

CLIENT		EMPLOYEE'S FULL NAME		CERTIFICATION	AREA
DAY OF WEEK <small>ENTER ONE</small>	SUN MON TUE WED THUR FRI SAT	TIME IN	AUTHORIZED SIGNATURE		
DATE	TIME OUT				