

INSTRUCTIONS:

1. Use a new timesheet for each assignment.
2. Leave a copy with the facility
3. Email after each shift, but no later than Monday 10 AM, to [timesheet@relianthealthcarestaffing.com](mailto:timesheet@relianthealthcarestaffing.com). Timesheets received after the deadline will be processed the following week.
4. Call our office at 859-241-6001 if you have any questions.

**EMPLOYEE NOTE:** All unsigned timesheets will be returned to the employee without a check. Any alterations will void this timesheet. A new timesheet is needed if you make an error.



Nicholasville Office 859-241-6001

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

FACILITY: \_\_\_\_\_

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

POSITION: PCA CNA LPN RN TOTAL HRS: \_\_\_\_\_

TIME In: \_\_\_\_\_ am pm TIME Out: \_\_\_\_\_ am pm

Lunch: \_\_\_\_ to \_\_\_\_ am pm Lunch: \_\_\_\_ to \_\_\_\_ am pm

*If you do not take a lunch then write on this timesheet why. If not written, 30 minutes will be taken out of total time.*

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY CHARGE NURSE SIGNATURE

\_\_\_\_\_  
DATE

5. Use a new timesheet for each assignment.
6. Leave a copy with the facility
7. Email after each shift, but no later than Monday 10 AM, to [timesheet@relianthealthcarestaffing.com](mailto:timesheet@relianthealthcarestaffing.com). Timesheets received after the deadline will be processed the following week.
8. Call our office at 859-241-6001 if you have any questions.

**EMPLOYEE NOTE:** All unsigned timesheets will be returned to the employee without a check. Any alterations will void this timesheet. A new timesheet is needed if you make an error.



Nicholasville Office 859-241-6001

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

FACILITY: \_\_\_\_\_

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

POSITION: PCA CNA LPN RN TOTAL HRS: \_\_\_\_\_

TIME In: \_\_\_\_\_ am pm TIME Out: \_\_\_\_\_ am pm

Lunch: \_\_\_\_ to \_\_\_\_ am pm Lunch: \_\_\_\_ to \_\_\_\_ am pm

*If you do not take a lunch then write on this timesheet why. If not written, 30 minutes will be taken out of total time.*

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY CHARGE NURSE SIGNATURE

\_\_\_\_\_  
DATE