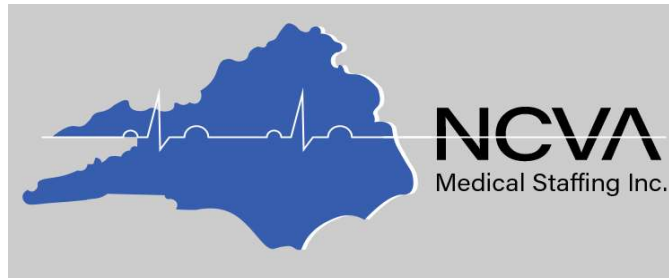


Employee Name: _____
Classification: _____
Department: _____

Facility Name: _____
Facility City: _____



Dunson and Associates Inc.
 Phone: 877-498-1330
 Fax: 937-606-3100
 Email: Payroll@dunsonandassociates.com

Subcontractor for
 NCVA Medical Staffing Inc.
 PO Box 1071
 Brookneal, VA, 24528

Shift Information						Hours Worked			Notes	Charge Nurse Int.
Day	Date	Start Shift	Start Lunch	End Lunch	End Shift	Regular	Holiday/OT	Charge		
Sun										
Mon										
Tues										
Weds										
Thurs										
Fri										
Sat										
<i>I certify by signing below that the above information is accurate. I agree and understand that timesheet falsification is a criminal offense and will be grounds for immediate termination of employment. I also certify that I was NOT injured during the above shifts.</i>									Total Hours Worked	

Employee Authorization	Facility Authorization
Signature: _____	Signature: _____ Date: _____
Date: _____	Print Name/Title: _____

Timesheets are due no later than 0800 hours on Monday. It is the employee's responsibility to have the timesheet signed by an authorized manager/supervisor/director. Timesheets submitted after 0800 on Monday or without all appropriate signatures will not be processed until the following week.