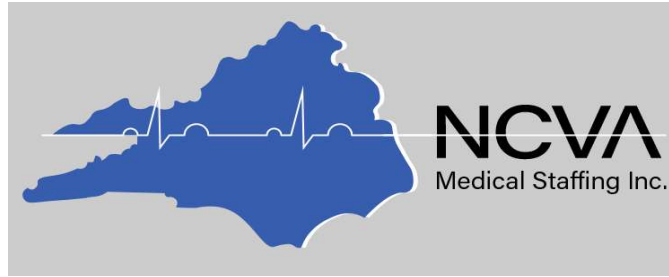


Employee Name: _____
Classification: _____
Department: _____

Facility Name: _____
Facility City: _____



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

 Phone: 877-498-1330
 Fax: 877-498-1330
 Email: Payroll@NCVAmMedicalstaffing.com

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 1200 hours (noon) on Monday. It is the employee's responsibility to have the timesheet signed by an authorized manager/supervisor/director. Timesheets submitted after 1200 hours (noon) on Monday or without all appropriate signatures will not be processed until the following week.