Employee Name:

Classification:

Department:

Facility Name:

Facility City:

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

Phone: 877-498-1330
Fax: 877-498-2330
Email: Payroll@ncvaMedicalStaffing.com

Shift Information						Hours Worked				
Day	**Date**	**Start Shift**	**Start Lunch**	**End Lunch**	**End Shift**	**Regular**	**Holiday/ OT**	**Charge**	**Notes**	**Charge Nurse Int.**
Sun										
Mon										
Tues										
Weds										
Thurs										
Fri										
Sat										

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.

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.