



CARING HANDS 4U STAFFING SERVICES

58 - 778 William Street, Midland, ON - L4R 4R8

Tel: +1 705 994 2530 Email: info@caringhands4u.ca Web: www.caringhands4u.ca

EMPLOYEE TIME SHEET

EMPLOYEE NAME				POSITION		
DATE	DAY	LOCATION	START	FINISH	TOTAL HOURS	SIGNATURE BY RN or RPN IN CHARGE

- **Submitting Timesheet:** (Timesheet must be submitted not later than **12 Noon** on Monday of the pay week) Scan and email signed time sheet to info@caringhands4u.ca
- Additional/Extra shift worked should be signed by in-charge Nurse and communicated to the office. **Late timesheet will be process on the next pay period.**

EMPLOYEE SIGNATURE: _____

DATE: _____