WHITE COAT HEALTHCARE STAFFING SERVICES

PROFESSIONAL CLINICAL TIMESHEET

DC · MD · VA

PROVIDER & SHIFT INFORMATION

Print Name: _____

Job Title: _____

Last 4 SSN: _____ **Weekending Sun:** _____

IMPORTANT: Employers, please make sure the hours indicated on this form are verified and accurate. We only enter the "APPROVED" hours. Your signature indicates that the hours are true hours worked by the agency staff.

Facility Name: _____

Client Phone: _____

Total Hours Worked: _____

(All Checks Are Direct Deposited)

1. Please confirm hours worked and write in provided above.
2. Please keep copy for your record.

DEPARTMENT & NOTES

Unit / Department: _____

Comment:

DISCIPLINE SELECTION

- ☐ RN
- ☐ LPN
- ☐ CNA
- ☐ GNA
- ☐ Respiratory Therapist
- ☐ Administration
- ☐ Tech
- ☐ PA
- ☐ Phlebotomist
- ☐ Medical Assistant
- ☐ Psych Technician

WEEKLY TIMESHEET

DAY	DATE	TIME IN	LUNCH (MIN)	TIME OUT	REG HOURS	OT HOURS	TOTAL HOURS
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
						WEEKLY TOTAL HOURS:	

AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE | PRINTED NAME & TITLE | DATE