



4236 Columbia Road  
 Martinez, GA 30907  
 p. 706-496-2089  
 f. 706-504-4723

<b>Facility Name:</b>						
<b>Contractor Name:</b>						
<b>Circle your Title:</b>	<b>NP</b>	<b>RN</b>	<b>LPN</b>	<b>CMA</b>	<b>CNA</b>	<b>OTHER _____</b>

Day	Date	Time In	Time Out	Lunch (30 MIN)	TOTAL HOURS	Overtime Approval	Supervisor Initials	Unit	Office Use	I have received an injury during this shift.		I have witnessed a work related injury during this shift.	
SUNDAY										YES	NO	YES	NO
MONDAY										YES	NO	YES	NO
TUESDAY										YES	NO	YES	NO
WEDNESDAY										YES	NO	YES	NO
THURSDAY										YES	NO	YES	NO
FRIDAY										YES	NO	YES	NO
SATURDAY										YES	NO	YES	NO
					<b>TOTAL HOURS:</b>					<i>Employees must circle the appropriate answers above after every shift.</i>			

*I recognize the rights of On Call Staffing as the contractor and agrees not to employ directly in any capacity the person named therein without first providing On Call Staffing with at least ninety (90) days notice following the termination of this assignment. I certify that the hours shown above are correct and the contractor performed satisfactory.*

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative. I also certify that I was not injured on the above shift(s).*

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TIME SHEETS MUST BE RETURNED TO ON CALL STAFFING WITHIN SEVEN (7) DAYS.**

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