



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

Facility Name:	
Contractor Name:	
Circle your Title:	NP RN LPN CMA CNA OTHER _____

Day	Date	Time In	Time Out	Lunch (30 MIN)	TOTAL HOURS	Overtime Approval	Supervisor Initials	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
					TOTAL HOURS:				<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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