NURSELINK SOLUTIONS

Fill & Submit the Timesheet at the end of your shift to;

Sign In to your membership account & Upload
Or email: timesheets@nurselinksolutions.com

Address: 3939 shadow pl ne, Olympia,
WA 98506 United States
Tel. No. & WhatsApp: +1 (564) 229 0637

TIMESHEET

YEAR _____

EMPLOYEE_____ DESIGNATION_____ FACILITY_____

Sample Entry/ Example

MON	11/18	8:00 (am) / pm	12:30pm / 1:00pm	4:00 am / (pm)	7.5	☑	Jennifer Lewis	

Enter Exact Time - Do Not Round Off

Day	Date mm/dd	Time In	Meal Break Out/ In	Time Out	Total Work Hours	Late Call (Checkbox)	Facility Assigned/ Duty Nurse	
							Name	Signature
MON		am / pm		am / pm		☐		
TUE		am / pm		am / pm		☐		
WED		am / pm		am / pm		☐		
THU		am / pm		am / pm		☐		
FRI		am / pm		am / pm		☐		
SAT		am / pm		am / pm		☐		
SUN		am / pm		am / pm		☐		
Cumulative (Total Work Hours + Late Calls)								

****NOTE:**** Please complete and submit your timesheet immediately after clocking out to ensure timely payment. Each shift must be signed off by the assigned supervisor or duty nurse at the facility. Incomplete timesheets will delay your payment processing. Nurse Link Solutions requires prior notice of all shifts worked, and timesheets must be submitted to our system before the end of the day. Thank you!

I hereby certify that: (a) the hours listed are accurate and total the hours worked, including any late calls in the submitted form; (b) the facility representative has verified these hours; (c) any attempt to misrepresent or falsify hours worked, or to obtain the signature of the assigned representative, will be considered fraud and will face legal consequences.

Employee Signature: _____ Date: _____