ALLIANCE SERVICES, INC

Your Complete Healthcare Staffing Partner

24/7 On Call Phone Number: 262-677-2180

EMPLOYEE NAME (PLEASE PRINT): _____

FACILITY NAME (PLEASE PRINT): _____

Assigned to: (check one)

_____ ER	_____ Tele	_____ Med Surg	_____ L&D	_____ Mom/Baby
_____ ICU	_____ Intermediate		_____ Correctional	_____ Hospice
_____ LTC	_____ Assisted Living			
_____ RN Jail Supervisor (*facility signature not required for Supervisor only)				

TIME SHEETS MUST BE UPLOADED TO THE WORKFORCE PORTAL AFTER EACH SHIFT

(REMINDER: ONE TIME SHEET PER FACILITY/ ONE TIME SHEET PER PAY WEEK)

	DATE	START TIME	# of Minutes Taken for lunch	FINISH TIME	TOTAL HOURS	Facility Representative Signature	Facility Representative Printed Name	Facility Representative Title
SUN								
MON								
TUE								
WED								
THURS								
FRI								
SAT								

- Recognized Holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve (Evening & Night), Christmas Day, New Year's Eve (Evening & Night)
- You must state your lunch time. "NO LUNCH" must be approved and signed by facility.
- Any overtime MUST have prior approval before working!

POLICY REMINDER: No call / No show serves as voluntary resignation. When calling on-call, an initial message can be left. It is your responsibility to continue to call until you make contact with on-call. Call outs require verifiable documentation.

By signing below, I certify that I have worked the hours listed on this time sheet, and I will abide by the rules, procedures and policies referenced in the Alliance Services Employee Handbook I received upon hire.

Employee Signature: _____

PLEASE BE ADVISED: All time sheets are verified with facilities. Fraudulent time cards will be prosecuted to the full extent of the law. Felony forgery and felony theft charges apply.