

FAX #: (253)276-7375

FAX TIME SHEETS DAILY

Proalliance Healthcare Staffing, Inc

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Name: _____ Date: _____

Facility Name: _____

Facility Location: _____

Title: ___NAR ___HCA ___MEDTECH ___NAC ___LPN ___RN

Today's Date	Day	Time In	Time Out	How long was the Lunch Break	Hours Worked	Initial if a Late Call	Supervisors Name/ Signature/ Date
	Sunday						Name: Signature & date
	Monday						Name: Signature & date
	Tuesday						Name: Signature & date
	Wednesday						Name: Signature & date
	Thursday						Name: Signature & date
	Friday						Name: Signature & date
	Saturday						Name: Signature & date
Total Hours							

Comments:

Employee Signature: _____ Date: _____