



# NURSING & HOMEMAKERS INC.

2347 Kennedy Road, Suite 204, Toronto, ON M1T 3T8 • Tel: 416-754-0700 • Fax: 416-754-4014

*Nursing/PSW*

## Time Sheet

**IMPORTANT FOR EMPLOYEE:** Write all information clearly to assure prompt processing of your pay. Use a separate time sheet for each week and for each client. This form is your responsibility. You cannot be paid without a Time Sheet, your signature and client.

Employee Name: \_\_\_\_\_

Category (RN, RPN, PSW): \_\_\_\_\_

Available for Work  
Assignment  
Continuing

Yes

No

Yes

No

Day	Date (mm/dd/yr)	Time In	Time Out	Less Lunch Period	Total Hours	Regular Hours	O.T. Hours
Mon.							
Tue.							
Wed.							
Thur.							
Fri.							
Sat.							
Sun.							

Employee Number

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**Important for Client:** Execution of this form by the client constitutes a certification that the TOTAL hours listed are corrected as stated that the work was performed in a satisfactory manner. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

Employee certifies that this form is true and accurate and that no injuries were sustained during the assignment.

Employee Signature

Hospital/Facility

Unit

Address

Description

Authorized Client Signature (Sign Only for Actual Time Worked)

Print Name and Title