



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: The completion and submission of this form is your responsibility. Print all information clearly to assure prompt processing of your pay; any delay with submitting (the completed) form, or **missing information on each row may delay your pay.** Each row is to indicate each shift of the Hospital and the unit you worked on (should you transfer onto a different unit during your shift, you are to complete another row for the new unit). Use a separate time sheet for each week. Time sheet(s) should be faxed to 416-754-4014 (or e-mailed to accountspayable@nhihealthcare.com) by Monday at 1400 hrs. (2:00 pm).

Employee Name: _____ Category: RN RPN PSW
(Print Name)

| Date <small>(MM/DD/YY)</small> | Name & Unit of Hospital(s) | Time | | Less Lunch | Total Hrs. | Unit Manager / Designate | |
|-----------------------------------|-------------------------------|------|-----|---------------|---------------|--------------------------|-----------|
| | | In | Out | | | Print Name | Signature |
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Important for Client: Execution of this form by the client constitutes a certification that the TOTAL hours listed are accurate.

Employee: By signing, I certify the information provided on this *Time Sheet* to NHI Nursing & Homemakers Inc. is true, accurate and complete.

Employee's Signature: _____



Website: <http://www.nhihealthcare.com>



Revised: Jun, 28, 2017