2829 Sheridan Drive, Tonawanda, NY 14150 | Toll-Free Fax: 877.375.2450 | www.WorldwideTravelStaffing.com

Registered Nurse (R.N.)

Timesheet for New Hampshire State Prison

Week Beginning:				Week Ending:			
Employee Na	me:						
Day	<u>Date</u>	Time In	Time Out	(-) Lunch	<u>Total</u>	<u>Unit</u>	Supervisor
<u></u>				<u>, , =====</u>			<u>Authorization</u>
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
				Total Hours			
If you missed lu	unch break(s) ar	ny day(s), pleas	e provide the d	ay(s) and reason(s	5):		
I hereby certij	fy that the abo	ove hours acc	urately repres	sent my total ho	ours of servi	ce at the New	Hampshire State Priso
Employee Sign	nature	Date					
Supervisor Signature		 Date					

Time runs Sunday through Saturday in one-week increments. Please fax time sheets to 877-375-2450 no later than Monday at 12:00 noon E.S.T. If you are unable to fax a copy signed by your supervisor, please send the unsigned time sheet listing your hours worked. You can then follow up later in the week with the authorized copy. This additional safeguard will ensure that you are paid on time.