



America's First Choice
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Employee Timesheet

Employee Name and Title: _____

Name of Facility: _____

Week of: _____

DATE	DAY	TIME IN	TIME OUT	BREAK	TOTAL HOURS	CLIENT SIGNATURE	COMMENTS
	SUNDAY						
	MONDAY						
	TUESDAY						
	WEDNESDAY						
	THURSDAY						
	FRIDAY						
	SATURDAY						
TOTAL NUMBER OF HOURS FOR THE WEEK							

EMPLOYEE SIGNATURE: _____

Timesheets are due by 10 a.m. Sunday

Email timesheet to: afcscheduling1@gmail.com

Tel: (317)998-3879

EMPLOYEE IS RESPONSIBLE FOR CLOCKING IN AND OUT, SIGNING AGENCY VERIFICATION LOG WHERE REQUIRED BY FACILITIES. EMPLOYEE UNDERSTAND THAT FAILURE TO DO SO WILL DELAY THEIR PAY FOR AFFECTED SHIFTS UNTIL THE EMPLOYEE GET IT FIXED WITH FACILITY HR OR SCHEDULER. EMPLOYEE UNDERSTAND TO CHECK DAILY IF THERE IS ANY DISCREPANCY ON TIMECLOCK AND NOTIFY FACILITY HR OR SCHEDULER IMMEDIATELY