



ConTemporary Nursing Solutions

Payroll Toll Free Phone: 888-767-4968

Payroll Local Phone: 703-354-5151

Payroll Local Fax: 703-354-9727

Payroll TEXT: 434-841-9807

Mail Check

Direct Deposit

EZPay

Hospital / Facility _____

Clinician's Name _____

I certify that the hours shown below represent my true hours worked and that no injury occurred during the shift. I authorize CTS to withhold all required taxes, voluntary benefit payments, authorized garnishments or deductions. I understand and agree to submit this timesheet within 15 days of date worked.

CTS Clinician's Signature: _____

_____ Specialty	Su	M	Tu	W	Th	Fr	Sa
_____ Med/Surg	Date Shift Started						
_____ On Call	_____ / _____ / _____						
_____ Charge	Time In: _____ AM / PM						
	Time Out: _____ AM / PM						
	Break : _____						
"No Break"							
Initials of supervisor <input type="checkbox"/>	Total Hours: _____						

Floating:
 Hospital understands this specialty clinician has agreed to float to non-specialty unit. The hospital will be billed specialty rates and the clinician will be paid specialty rates.

Supervisor Initials: _____

I am an authorized representative of the client facility and the information above is accurate and all services provided were satisfactory. This client facility recognizes the rights of ConTemporary Nursing Solutions, Inc. as the employer and agrees not to hire the employee identified above for a period of 180 days from the termination of this assignment without approval of CTS.

Date: _____
Signature of Authorized Representative of Facility

www.RNStaffing.com