



4250 North Drinkwater Boulevard Ste 165  
 Scottsdale, AZ 85251  
 Fax To: 480.444.7955 - Allied Health  
 480.444.7779 - Nursing  
 480.444.7768 - Behavioral

**Must be submitted by 10:00 a.m. Monday!**

<b>Your Name:</b>	<b>Week Ending Date: (Saturday)</b>
<b>Name of Healthcare Facility:</b>	
<b>Name of House, Floor, Unit, etc.</b>	<b>Position Title:</b>

Day	Date	Start Time	Finish Time	Off Hours	Total Daily Hours
Sun					
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
<b>TOTAL HOURS</b>					

\_\_\_\_\_  
**WORKER MUST SIGN HERE**

*I certify that the hours shown above represent my total hours worked and that they were properly verified by the facility or an authorized representative*

\_\_\_\_\_  
**AUTHORIZED FACILITY SIGNATURE**

**Note:** Falsification of time sheets will result in termination. Illegible, incomplete information or late submission of time sheets WILL delay payment.