



1910 18th Street
Great Bend, KS 67530
877-530-7262
Fax 877-755-7232
staffing@qsnurses.com

No. _____
mmdyy

Employee: _____ (circle) RN LPN CMA CNA

Client Facility: _____

Shift Date: _____ Unit: _____

Start Time: _____ : _____

Meal Break: 0 0 : 3 0

End Time: _____ : _____

Total Hours: _____ : _____

Mileage: _____

EXTRA PAY:
 Short Notice \$ _____

FACILITY USE ONLY:

No Meal Break Approval: _____
Missed meal break must be authorized by signature.

Client Approval Signature: _____
(A copy will be sent to you upon request)

**Make a copy of this timesheet and provide to the facility at the end of each shift.
Send copy (via fax or email) to QS Nurses by Monday at 10 am.**



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