

1701 Williams Street Great Bend, KS 67530 620 793 7262 staffing@qsnurses.com

Team Member:				(circle) RN LPN CMA CNA	
Facility:					EXTRA PAY? (Check the box)
Shift Date:		Unit	•		
	Start Time:	:		<u></u>	Short Notice
	Meal Break:	0 0:	3 0	YesNo_	Hazard/COVID
	End Time:	:		<u> </u>	Other
	Total Hours:	:		<u> </u>	Mileage:
		F	ACILITY	USE ONLY:	
No Meal Break	Approval:				
Missed meal br	eak must be authorized	by signature.			
	al Signature:				
(A copy will be	sent to you upon reques				
	Make a cop	by of this timesheet a Complete immed			at the end of each shift.
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	Total Hours:	:		<u>—</u>	Mileage:
			FACILITY I	JSE ONLY:	
N. Mari Darri	A	'	ACILITY	JJE ONET.	
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	al Signature: sent to you upon reque:				

Make a copy of this timesheet and provide to the facility at the end of each shift.

<u>Complete immediately after shift and upload to WFP.</u>