

# Timesheet

**Supplier: Reliable Care Services**

**Address: 7985 Stratford Circle N**

**Tele: (651)-261-9296**

**Employee Name:** \_\_\_\_\_

**Title: RN**

**Facility** \_\_\_\_\_ **Employee Type** \_\_\_\_\_

Days	Date	Start Time	Break Yes No	End Time	End Date	Hours Worked	Sent Home/n ot on Schedule	Nurse Signature
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
	Total Hours work							

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Covid Yes/No**

The THP is an employee of the above Supplier. THP should call their Staffing Agency in the event of any issues.

**NOTE, Timesheet is Due Every Sunday By Noon**