ARMstaffing
ALWAYS WITHIN REACH

DAILY PER DIEM TIMESHEET

Timesheet should be submitted immediately following end of shift.
EMAIL/TEXT payroll@armstaffing.com
or FAX 610-841-0755

Print Clearly

Employee Name: _____

☐ **RN** ☐ **LPN** ☐ **CNA** ☐ **Other**_____

Facility Name: _____

Work Date: _____ **Unit:** _____ **Floor:** _____

Scheduled Shift: ☐ 7am-3pm ☐ 3pm-11pm ☐ 11pm-7am ☐ 7am-7pm ☐ 7pm-7am
☐ Orientation ☐ Late cancel ☐ Turnaway ☐ Other_____

Check One: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Start Time:_____ am pm **End Time:**_____ am pm **Break:**
☐ **Yes** (Min)_____

Total Hours to be Paid: _____
☐ **No** (Sup Init) _____

EMPLOYEE ACKNOWLEDGEMENT - I certify that the above hours are a true representation of my time worked and that I have obtained an authorized signature from a facility/client representative. I recognize the rights of Allied Resources Medical Staffing as the employer and agree not to be employed by the facility individually or through an agent for a period of (90) days following the termination of this assignment without approval of Allied Resources Medical Staffing. I certify that no injury was incurred by me during this assignment.

Employee Signature: _____
Print Sign Date

CLIENT ACKNOWLEDGEMENT - I, an authorized agent of the facility/client listed above certify that the hours listed are correct and that the employee performed their duties in a satisfactory and professionally competent manner including quality of work, communication, documentation and clinical skills and knowledge. If you have any concerns about this employee, please contact HR or Clinical at Allied Medical Resources Staffing, 877-474-2767.

Authorized Facility Signature: _____
Print Sign Date