ARMstaffing
ALWAYS WITHIN REACH

WEEKLY CONTRACT TIMESHEET

Timesheet should be submitted after your last shift for the week.
EMAIL/TEXT payroll@armstaffing.com
or FAX 610-841-0755

Print Clearly
Employee Name: _____

☐ RN ☐ LPN ☐ CNA ☐ Other _____

Facility Name: _____

DATE		START TIME	AM PM	END TIME	AM PM	BREAK (MINS)	TOTAL HOURS TO BE PAID	UNIT	SUPVR. SIGNATURE / MISC. NOTES
SUN									
MON									
TUE									
WED									
THU									
FRI									
SAT									
Notes:						Weekly Total			

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.
IF YOU'RE A TRAVELER ON CONTRACT. By signing this timecard, you verify that there have been no changes to your permanent tax residence. In addition, the temporary residence is greater than 50 miles of the permanent tax residence, and payments on your permanent tax residence are real and substantial. Finally if the contract duration including any extensions of the original contract time frame exceeds 12 months, contract status will be switched from "travel" to "local".

Employee Signature: _____
Print Name 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 Name Sign Date