



## TIMESHEET

PERIOD COVERING: / / THROUGH / /	
EMPLOYEE NAME:	FACILITY NAME:
PHONE #:	FACILITY CONTACT:
MAILING ADDRESS:	FACILITY ADDRESS:

Submit completed timesheet by 9am every Monday.  
 Timesheet may be texted to 859-523-1094 or emailed to [timecards@guardianhealthstaff.com](mailto:timecards@guardianhealthstaff.com).

Day of Week	Month/Day	Unit	Shift Start	Meal Break	Shift End	Regular Hours	Overtime Hours	On-Call Hours	Call-Back Hours	Holiday Hours	Charge Hours
SUN											
MON											
TUES											
WED											
THUR											
FRI											
SAT											

TOTAL HOURS	REGULAR	OVERTIME	ON-CALL	CALL-BACK	HOLIDAY	CHARGE

I certify that the hours on this timesheet are accurate and reflect actual hours worked by me during the week designated and were verified by authorized personnel.

\_\_\_\_\_  
 EMPLOYEE SIGNATURE

I certify that the above-named employee has performed satisfactory services for the dates and times indicated and authorize billing for such services.

\_\_\_\_\_  
 CLIENT AUTHORIZED SIGNATURE

501 Darby Creek Rd. Suite 48 | Lexington, KY 40509

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