



2050 West 190th Street #201
 Torrance, CA 90504
 P: 1-888-311-0000 / F: 1-866-283-7492
 E: payroll@ussinurses.com

Nurse Name: _____
Nurse Phone Number: _____
Recruiter: _____
Week Start Date: _____

Supervisor: _____
Facility: _____
Facility Phone Number: _____
Week End Date: _____

DAY <i>(input date)</i>	REGULAR HOURS					ON CALL HOURS			CALL BACK HOURS			<i>Cancelled Shifts and Missed Meal MUST be Approved by Supervisor's Initials:</i>		
	TIME IN	LUNCH IN	LUNCH OUT	TIME OUT	DAILY TOTAL HOURS	Time In	Time Out	Total Hours	Time In	Time Out	Total Hours	Cancelled	Missed Meal	Sup. Initials
Su_____														
Mo_____														
Tu_____														
We_____														
Th_____														
Fr_____														
Sa_____														
Weekly Total Hours:					Total On Call Hours:			Total Call Back Hours:						

Employee Approval

I certify that the hours shown here were worked by me on the dates designated and were verified by a representative on the medical facility. I certify that no accident or injury was sustained by me while working on the assignment except as previously reported to USSi.

X _____
Nurse Signature

Facility Approval

By signing below, client acknowledges all hours are true and correct. Signature also acknowledges client has read and agreed to all the terms and conditions set forth in the hospital confirmation/ hospital contact.

X _____
Facility Supervisor Signature

USSi Employee: Fax timesheets to 1-866-283-7492, OR scan and email to Rosa Arellano and Sharlonda Scales

PAYROLL DEPARTMENT		
Name	Extension	Email Address
Rosa Arellano	x107	rosa.arellano@ussinurses.com
Sharlonda Scales	x117	sharlonda.scales@ussinurses.com

All Employee MUST send in a USSi Timesheet weekly for verification purposes. Timesheets are due no later than SUNDAY at MIDNIGHT. Submitting timesheets any later may delay your paycheck.