

3D Medical Staffing, LLC

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Weekly Time Record

Employee: _____

Hospital: _____

RN/LPN/CNA: _____

Pay Period Ending: _____

Day	Date	In	Out	In	Out	Unit	Hours	Notes	Authorized Client Signature
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									

Employee signature: _____ Date: _____

Employee: Signing of this time sheet is your responsibility. You cannot be paid unless the time sheet is signed by you and by the Client Company.

By executing this form, Employee certifies that the hours stated on this form are true and accurate, and that no injuries were suffered.