

KEMM Care Medical Staffing

1600 Osgood Street, E214
 North Andover, MA. 01845
 Tel 978-691-5366

Fax 978-691-5368

Timesheet

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d w/d e n	d w/e e n
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total hrs _____	
KEMM Care use:	approval _____

Facility: _____

KEMM Care Employee: _____

Week Ending: _____

Fill out completely and accurately Official Record of hours worked

<u>DATE</u>	<u>DAY</u>	<u>time IN</u>	<u>total break</u>	<u>time OUT</u>	<u>TOTAL hrs</u>	<u>FLOOR/dept</u>	<u>APPROVED</u>
_____	Sunday	_____	_____	_____	_____	_____	_____
_____	Monday	_____	_____	_____	_____	_____	_____
_____	Tuesday	_____	_____	_____	_____	_____	_____
_____	Wednesday	_____	_____	_____	_____	_____	_____
_____	Thursday	_____	_____	_____	_____	_____	_____
_____	Friday	_____	_____	_____	_____	_____	_____
_____	Saturday	_____	_____	_____	_____	_____	_____

Nurse: I certify that only hours worked have been recorded.

Signature: _____

Customer: I certify that the time recorded is true and correct.

Signature: _____

COMMENTS (Absences should be explained) _____

**PLEASE FAX OR EMAIL TIMESHEETS EVERY MONDAY FOR THE PREVIOUS WEEK.
 Fax 978 691-5368 OR E-mail: accounting@kemmcare.com**