

**TUES** 

WED

**THURS** 

FRI

**SAT** 

## 1.888.56NURSE LOCAL / TRAVEL ASSIGNMENT TIMESHEET

Please upload JPG of timesheet to: Click here to access Workforce Portal Timesheets are due MONDAY by midnight for previous week worked.

				EMPLC	YEE	E NAN	1E: LAS	T NAME	E, FIRS	T NAME	E (PLEA	SE PR	INT)			
				RN		PN	□ CST/0	ORT	□RR	RT.	OTHER	R:				
Staff Signature: Client/Facility Name:										<del></del>						
	DATE	UNIT	UNIT TIME IN TIME LUNCH		INCII	TOTAL	WORKED AS	ON CALL	CALL	ВАСК	CALL BACK ON C		ON CALL	SUPERVISOR S	IGNATURE	
DAY	DATE	WORKED	TIME IN	OUT	LU	JNCH	HOURS WORKED	CHARGE NURSE	IN	IN	ОUТ	IN	OUT	OUT		
SUN					□ No	Sup Initials		□ Yes								
NON						Sup Initials		□ Voo								

□ Yes

□ Yes

□ Yes

□ Yes

□ Yes

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY								
QUALITY OF WORK	1	2	3	4	5	5 – TRULY GIFTED	Please circle one number	
DOCUMENTATION	1	2	3	4	5	4 - VERY GOOD	in each row which best	
CLINICAL ABILITY	1	2	3	4	5	3 - GOOD	reflects your assessment of the employee based on	
PROFESSIONALISM/ATTITUDE	1	2	3	4	5	2 – FAIR	the scale at the left	
ATTENDANCE/PUNCTUALITY	1	2	3	4	5	1 - POOR		
COMMENTS								

In consideration for services provided by Gifted Healthcare, the	e above signed agrees not to hire the staff member	er named above directly or indirectly except with	written permission from Gifted
Healthcare. The client representative's signature about	ve acknowledges services rendered, that the above	ve hours are correct and the employee's perform	ance was satisfactory.

No

No

No

No

Initials