



P.O. Box 4070  
 Clarksburg, WV 26302  
 Phone #304-623-5777  
 #1-866-644-4484  
 Fax #304-623-6044  
 Toll Free Fax #1-866-644-4485

Nurse Name: \_\_\_\_\_ Discipline \_\_\_\_\_

Pay Period Beginning \_\_\_\_\_

Facility: \_\_\_\_\_

Pay Period Ending \_\_\_\_\_

Day of Week	Date	Time In #1	Time Out #1	Meal Period	Use these columns for 2 <sup>nd</sup> shift if work 2 shifts in same day			Hours Worked			Special Pay Hrs			Hours Not Worked			
					Time In #2	Time Out #2	2 <sup>nd</sup> Meal Period	Regular Hours	Overtime Hours	Holiday	Call Back	On-Call	Charge	Sick	Facility Call Off	PTO	
Sunday																	
Monday																	
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Saturday																	
								Total Hours									

Use fractions of Hours  
 15 min. = 0.25 hours  
 30 min. = 0.50 hours  
 45 min. = 0.75 hours

Nurse Signature: \_\_\_\_\_

Authorized Facility Signature: \_\_\_\_\_

Leave one copy of timesheet at facility.  
 Timesheets must be faxed to USNN no later than 12:00 noon each Monday.



109 Tolley Drive • Bridgeport, WV 26330  
 Telephone (304) 623-5777 • Fax (304) 623-6044

**TIME SHEET**

Nurse Name:		Discipline:				
Facility:						
Week Ending Date:						
<input type="checkbox"/> Pick Up Check In _____ Office: <input type="checkbox"/> Mail Check or Direct Deposit Slub						
Day of Week	Date	In	Out	Meal Period	Total Hours	Facility Nurse Signature
Sun.						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
<b>TOTAL HOURS</b>						

Use Fractions of Hours:  
 15 min. = 0.25 hours • 30 min. = 0.50 • 45 min. = 0.75 hours

Timesheets must be signed daily by facility nurse.  
 Meal periods will be deducted.  
 Fax or deliver timesheets to USNN no later than 9 A.M. each Monday.  
 Please call to verify your faxes.  
 Use one timesheet for each facility per week.

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



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