



www.USNurseLink.com

PO Box 340 Glenwood Springs, CO 81602

Weekly Time and Attendance

Employee Name & Designation (ie. RN, LPN): _____
 My Staffing Agency: _____
 Week ending date (Saturday): _____

Day	Date	Facility	Unit	Time In (24 hr)	Time Out (24 hr)	Meal Break (Minutes)	Total Hours	Minimum Guaranteed Hours	Total Overtime Hours	On Call		Call Back		Total Call Back Hours	Client Approval	Per Diem Basis	
										Time In	Time Out	Time In	Time Out			Reimburse Lodging Y/N	Reimburse Mile & Y/N
Sun															Charge Nurse signature required each shift. Second signature required by Shift Supervisor for payment of overtime hours or missed meals.		
Mon															Reg		
Tue															OT Approval		
Wed															Reg		
Thur															OT Approval		
Fri															Reg		
Sat															OT Approval		
Totals															Time must be approved daily		Total Miles

Employee Approval Signature*: _____ Client Approval Signature*: _____

*I certify that the hours shown accurately represent my total hours worked on this assignment during the week and that they were properly verified by an authorized representative of the client. By signing this timesheet, I verify that I have reported any accident for injuries during this pay period to my employer.

*** This form must be completed and submitted by Monday by noon to USNL or payment will be delayed one week ***

Payroll Fax 866-945-4895

By checking the reimbursable expense boxes above for daily per diem, and lodging, and by entering the daily mileage, I confirm that I qualify for the maximum daily reimbursable expense in the County of my Assignment, under the current Federal published Per Diem IRS Schedule. I request my employer calculate my non-taxed amount weekly and deduct it from my taxable compensation for that day. All Tax questions will be directed to my personal tax advisor.

USNL Employee Request For Payment Of Reimbursable Expenses on a Per Diem Basis: _____ Signature: _____ Date: _____

Additional Comments: _____