

Timesheets must be faxed by MONDAY at 9:00 AM CST
FAX: 866-336-6400

1003 Perry Avenue - Perry, OK 73077
(P) 866-336-6100 - (F) 866-336-6400



Facility Name: _____ Unit Worked: _____

Employee Name: _____ Professional Discipline: _____

Day	Date	Unit	Start Time	Stop Time	Less Meal Minutes	Hours Worked		Charge (Y / N)	ON CALL		Total OC Hours	CALL BACK		Total CB Hours	Incomplete Hours	
						Regular	Holiday		Start	Stop		Start	Stop		EE Cancel	Fac Cancel
Sun			:	:	:	:	:		:	:	:	:	:	:		
Mon			:	:	:	:	:		:	:	:	:	:	:		
Tues			:	:	:	:	:		:	:	:	:	:	:		
Wed			:	:	:	:	:		:	:	:	:	:	:		
Thur			:	:	:	:	:		:	:	:	:	:	:		
Fri			:	:	:	:	:		:	:	:	:	:	:		
Sat			:	:	:	:	:		:	:	:	:	:	:		
Total Hours:						:	:		:	:	:	:	:	:		

Weekly Evaluation:

	Excellent	Good	Poor		Excellent	Good	Poor		Excellent	Good	Poor
Accepts supervision & direction				Assessment & Documentation				Standard of practice			
Demonstrates knowledge / skills				Patient / Family education							
Communicates / works effectively				Patient safety & comfort							
Accurate reporting skills				Age-related skills							

By signing below, I am certifying that I was not injured during a shift.

Employee Signature _____ Facility Signature / Title _____ Date _____

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Mon			:	:	:	:	:		:	:	:	:	:	:		
Tues			:	:	:	:	:		:	:	:	:	:	:		
Wed			:	:	:	:	:		:	:	:	:	:	:		
Thur			:	:	:	:	:		:	:	:	:	:	:		
Fri			:	:	:	:	:		:	:	:	:	:	:		
Sat			:	:	:	:	:		:	:	:	:	:	:		
Total Hours:						:	:		:	:	:	:	:	:		

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