

Case Notes must be turned in with Time Sheet

Berry Healthcare Staffing

Medical Staffing and Recruiting Services

TEL: 713-429-4738

FAX: 832-533-2841

Nurse Time Sheet / Invoice

Nurse Name: _____

Nurse Lic. #: _____

Last 4 of SSN: _____

Classification: RN LVN CNA Sitter DH MA

Facility: _____

Patient Name/ID: _____

	Date	IN	OUT	IN	OUT	DAILY TOTAL
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Time Slips due by Monday Noon						
TOTAL						

FACILITY SIGNATURE X _____ _____
Date

I certify that the hours above represent my actual work time and were verified by an authorized representative from the above referenced facility. I understand that as an independent contractor I will only be paid for my actual hours worked as confirmed by the facility and authorize Berry Healthcare to recoup funds that were paid in error from future payments. I understand that if this time sheet/invoice is not received by Berry Healthcare by 12 noon on Monday, it may not be paid until the following week. Additionally, I agree to notify Berry Healthcare when the shift ends and when I am available for work again. I agree that if I do not contact Berry Healthcare within 24 hours of the completion of the shift, they can assume I am not available. Failure to contact Berry Healthcare, or refuse an assignment may result in a denial of any unemployment benefits with the Texas Work Force.

NURSE SIGNATURE X _____ _____
Date

Please fill out this form and fax it back to Berry Healthcare at 832-533-2841