



NURSES TIME SHEETS: SERENE NURSING SERVICES - phone: 425-345-4097. Email: jobs@serenenursing.com

Employee Name: _____

Week Ending Saturday...../...../20.....

Day	Date	Facility name	Start time	Finish time	Breaks taken	Total hours	Signed by Facility representative Please print name also
SUN							SIGN: _____
							PRINT: _____
MON							SIGN: _____
							PRINT: _____
TUE							SIGN: _____
							PRINT: _____
WED							SIGN: _____
							PRINT: _____
THU							SIGN: _____
							PRINT: _____
FRI							SIGN: _____
							PRINT: _____
SAT							SIGN: _____
							PRINT: _____

Timesheet should reach office by 7:00pm Monday evening

TOTAL

Fax: (425) 948-1704. Email: jobs@serenenursing.com

I confirm that all signatures on my time sheets are true and correct and that I have worked all the hours submitted on my time sheets and that I accept the rates.

Employee Signature: _____

Date: _____