



EMPLOYEE TIME SHEET
EMAIL TO: Payroll@wellspringnursesource.com

Name:

Facility:

Week Ending Date:

Supervisor Name:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date								
Start Time								
Time Out Meal								
Time In Meal								
End Time								Weekly Total
Total Hours								

Submit your hours on a weekly basis. Please record your hours in 15 minute increments, .15, .30, .45 Please see example below.

Example	Monday	Tuesday
Start Time	8:45	9:00
Time Out Meal	12:00	12:00
Time In Meal	12:30	12:45
End Time	5:15	5:30
Total Hours	8:00	8:15

- **Timesheets MUST be submitted to Wellspring Nurse Source no later than 8:00am on Monday.**
- **Please fill out this timesheet electronically, save it, and email a copy to your recruiter.**
- Please send the timesheet only once. If you must send in a revision, please check the "Revised" box below.
- Should you not have access to email timesheets can also be faxed to **(888) 247-3137**. Please email us to let us know that a faxed timesheet has been sent to ensure that it is received.

Employee Signature

If this time sheet is **revised** and is intended to replace a previous version please check this box: