

# R J Healthcare Services

1017 Main Street  
Asbury Park, NJ 07712

# Employee Time Sheet

Phone: (732) 775-4880  
Fax: (732) 775-1614

**IMPORTANT FOR EMPLOYEE:** Write all information clearly to assure prompt processing of your pay. Use separate time sheet for each week and for each client. **PHONE R. J. HEALTHCARE SERVICES IMMEDIATELY IF TERMINATED.** This is your responsibility. You can not be paid without a Time Sheet, your signature and client's.

EMPLOYEE NAME: \_\_\_\_\_  RN  LPN  CNA  
(First Name) (Last Name)

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ WEEK ENDING SUNDAY, \_\_\_\_\_ / \_\_\_\_\_ / 2021  
Mo. Day Year

Day	Date	7am-3pm shift		3pm-11pm shift		11pm-7am shift		Total Hrs.	Signature
		Time in	Time out	Time in	Time out	Time in	Time out		
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									
Sun									
Total Weekly Hours									

Employee certifies that this form is true and accurate and no injuries were sustained during the assignment.

### EMPLOYEE SIGNATURE

X.....

**IMPORTANT FOR CLIENT:** Execution of this form by the client constitutes a certification that the total hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the client to the Terms and Conditions printed on the reverse side of this form. Please Do Not Advance Money To The Employees. Minimum assignment is 4 hours.

FACILITY/CLIENT NAME:

ADDRESS:

AUTHORISED CLIENT SIGNATURE:

PRINT NAME AND TITLE:

WHITE - R J HEALTHCARE SERVICES

YELLOW - EMPLOYEE

PINK - CLIENT