



1.888.56NURSE For Regency and Select Specialty Facility Assignments only

Please upload JPG of timesheet to: [Click here to access Workforce Portal](#)
 Timesheets are due MONDAY by midnight for previous week worked.

EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)

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RN LPN CST/ORT RRT OTHER: _____

Staff Signature: _____ Client/Facility Name: _____

DAY	DATE	UNIT WORKED	TIME IN	TIME OUT	LUNCH		TOTAL HOURS WORKED	WORKED AS CHARGE NURSE	ON CALL	CALL BACK		CALL BACK		ON CALL	SUPERVISOR SIGNATURE
					<input type="checkbox"/> No	Sup Initials			<input type="checkbox"/> Yes	IN	IN	OUT	IN	OUT	
FRI					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
SAT					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
SUN					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
MON					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
TUES					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
WED					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							
THURS					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes							

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY						
QUALITY OF WORK	1	2	3	4	5	5 - TRULY GIFTED 4 - VERY GOOD 3 - GOOD 2 - FAIR 1 - POOR Please circle one number in each row which best reflects your assessment of the employee based on the scale at the left
DOCUMENTATION	1	2	3	4	5	
CLINICAL ABILITY	1	2	3	4	5	
PROFESSIONALISM/ATTITUDE	1	2	3	4	5	
ATTENDANCE/PUNCTUALITY	1	2	3	4	5	
COMMENTS						

In consideration for services provided by Gifted Healthcare, the above signed agrees not to hire the staff member named above directly or indirectly except with written permission from Gifted Healthcare. The client representative's signature above acknowledges services rendered, that the above hours are correct and the employee's performance was satisfactory.

CLIENT REPRESENTATIVE SIGNATURE

DATE