



ALLIANCE SERVICES, INC

Your Complete Healthcare Staffing Partner

24/7 On Call Phone Number: 262-677-2180
Fax to: 262-677-3822 / Email: staff@asi-wi.com

EMPLOYEE NAME (PLEASE PRINT):						Assigned to: (check one)		
FACILITY NAME (PLEASE PRINT):						<input type="checkbox"/> ER <input type="checkbox"/> Tele <input type="checkbox"/> Med Surg <input type="checkbox"/> L&D <input type="checkbox"/> Mom/Baby <input type="checkbox"/> ICU <input type="checkbox"/> Intermediate <input type="checkbox"/> Correctional <input type="checkbox"/> Hospice <input type="checkbox"/> LTC <input type="checkbox"/> Assisted Living Other: _____		
TIME SHEETS MUST BE SENT IN BY MONDAY AT NOON								
	DATE	START TIME	LUNCH TIME	FINISH TIME	TOTAL HOURS	Facility Representative Signature	Facility Representative Printed Name	Facility Representative Title
SUN								
MON								
TUE								
WED								
THURS								
FRI								
SAT								

- Recognized Holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve (Evening & Night), Christmas Day, New Year's Eve (Evening & Night)
- You must state your lunch time. It is required by law to take a 30 minute break when working an 8 hour shift. **NO LUNCH** must be approved and signed by facility.
- Any overtime **MUST** have prior approval before working!
- **POLICY REMINDER:** No call / No show serves as voluntary resignation. Cancelling a confirmed shift requires 8 hours of notice.

By signing below, I certify that I have worked the hours listed on this time sheet, and I will abide by the rules, procedures and policies referenced in the Alliance Services Employee Handbook I received upon hire.

Employee Signature: _____