



# 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):	<b>Assigned to: (check one)</b>
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 <input type="checkbox"/> RN Jail Supervisor (*facility signature not required for Supervisor only)
<b>TIME SHEETS MUST BE SENT IN BY MONDAY AT NOON</b>	

	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: \_\_\_\_\_

**PLEASE BE ADVISED: All time sheets are verified with facilities. Fraudulent time cards will be prosecuted to the full extent of the law. Felony forgery and felony theft charges apply.**