Not Just Nurses, Inc.
1642 Locust St.
Norristown PA 19401
610-239-1030 toll free 877-239-9700
Fax 610-239-7178
Fax 877-239-9701

Hospital_____
Unit _____

WEEK ENDING DATE _____NAME _____
your signature

Date	Shift	Time In	Time Out	on CALL	CALL back	Extra	TOTAL	**Hosp. Supervisor signature**
Sunday Date								
Monday Date								
Tues. Date								
Wed. Date								
Thursday Date								
Friday Date								
Saturday Date								

"Extra" includes any time worked beyond the scheduled shift hours (i.e. "no lunch", etc.) and requires a **Hospital Supervisory Signature** and **initials** in the column entitled extra. Supervisor's signature acknowledges that hours are correct and all work has been performed in a satisfactory manner. Please use a separate time sheet for each facility. If you sustained an accident or injury during this time period, please check yes>>>>>>>>>>>>>>>>> YES _____ and notify NJN. Rev 8-07