



STAMBUSH STAFFING

Best Practices in the Business Since 1989

Name of Facility _____

Name of Professional _____

Week of Coverage From _____ To _____

	Time In	Time Out	Lunch	Total Hours	Parking	Tolls	Mileage
Monday	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____	_____
Totals				_____	_____	_____	_____

Both Professional and Facility Representative are required to endorse all Stambush Staffing, LLC. time sheets.

I hereby recognize the information on this time sheet to be accurate.

Professional

Date

I hereby recognize the information on this time sheet to be accurate and receivable to Stambush Staffing, LLC. Moreover, I am aware of the placement fee condition should any employment be given to this Professional during the next twelve (12) months. Furthermore, I am also aware of the **Four (4) Hour Minimum and Twenty-Four (24) Hour Cancellation Policies.**

Facility Representative

Date