



RSN WEEKLY TIMESHEET

Contractor Name: _____

Discipline: _____

Facility Name: _____

Day	Date	IN	OUT	Unit/Floor	Supervisor PRINT	Supervisor Signature
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

I understand that I am an Independent Contractor not an employee of Ready-Set-Nurse, LLC. I certify that I didn't incur any injuries during the hours worked. The hours are correct and were verified by an authorized facility representative.

Contractor Signature: _____

timesheets@readysetnurse.org

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We RACE to your STAFFING needs!