

24/7 On-Call Number 757-806-4800	First + Choice Nurses	Ext. 2 (HR & Payroll)				
Name:		Classification:				
Facility:		Location:				
Day & Date	Area	Start	Stop	Break	Hours	Client Authorized Signature
				30		
				30		
				30		
				30		
				30		
				30		
				30		
				30		
Your break must be initialed by a supervisor if not taken. Your signature below certifies that this information is accurate, and no injuries were sustained during these assignments. <u>Only one facility's shift per timesheet.</u>						
Your Signature:						
Per Diem: Please submit all timesheets to payroll@firstchoicenurses.com Travelers: Please submit all timesheets to travelpayroll@firstchoicenurses.com						

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