24/7 On-Call Number
(757) 806-4800

First Choice Nurses

Payroll Department:
(757) 892-9344

Name: _____ Classification: _____

Facility: _____ Location: _____

Day and Date	Area	Start	Stop	Break	Hours	Client Authorized Signature
				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.

Your Signature: _____

Please submit all timesheets to: timeslips@firstchoicenurses.com on Sunday's by 4pm.

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