XPOINT HEALTHCARE
STAFFING SOLUTION

STAFF TIME SHEET

Name _____ Job Title: RN ◯ RPN ◯ PSW ◯ Health Care Aid ◯

Submit to Payroll: payroll@xpointstaffing.com.
As a Sub-Contractor, you MUST submit your invoice along with your signed timesheet to be paid. Payment will be delayed if invoice is not submitted.

Date (D/M/YY)	Facility Name	Service(s) Provided/ Floor	Start Time to End Time	Total Hours	Charge Nurse Name and Signature

NOTE: Please fax or email your time sheets on time to avoid delays. Late time sheets are paid on the next pay period
Extra hours worked MUST be approved in writing by the In-charge Nurse/DOC
You must sign the facility register if any is provided, otherwise the agency will not be able to pay you

Signature : _____ Date : _____