

Advantage RN

8892 Beckett Road
 West Chester, OH 45069
 Phone: 1-866-301-4045 ext 103
 Fax: **1-866-850-4048** or 1-866-400-9352
 Email: payroll@advantagern.com
 ADP Home Page: <https://portal.adp.com>



Name: _____
 Week Ending: _____
 Facility: _____
 City & State: _____

Recruiter: _____

Day	Date	Unit	Time In	Time Out	Lunch (No Lunch must be initialed by supervisor in box)	Total Hours		On call Hours			Call Back Hours			Approval of shift worked, cancelled shift, missed time and overtime must be initialed by supervisor in box
						Hours	Time In	Time Out	Total	Time In	Time Out	Total Hrs		
Sun														
Mon														
Tues														
Wed														
Thurs														
Fri														
Sat														
Totals														

Employee Approval

I certify that the hours shown were worked by me on the dates designated and were verified by a representative of the medical facility. I certify that no accident or injury was sustained by me while working on the assignment except as previously reported to My Agency, Advantage RN, or as noted in the comments section. I agree to contact My Agency after completion of any assignment to discuss another assignment.

X _____
 Employee Signature

Facility Approval

By signing below, customer acknowledges that all hours are true and correct. Signature also acknowledges that customer has read and agreed to all terms and conditions set forth herein, on the client agreement.

X _____
 Facility Signature

Fax timesheets to:
866-850-4048, 513-874-8718
 or 866-400-9352 by **Sunday**
Midnight. Submitting timesheets any later may delay your pay check.

Regardless of the facility policy, all Advantage RN employees must send in a timesheet **weekly**.