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

First Choice

Ext. 2 (HR & Payroll)

Nurses	N T			_	_	_
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Name:		Classification:						
Facility: Day & Date	Location:							
	Area	Start	Stop	Break	Hours	Client Authorized Signature		
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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. Only one focility's shift per timesheet.

Your Signature:

Per Diem: Please submit all timesheets to payroll@firstchoicenurses.com
Travelers: Please submit all timesheets to travelpayroll@firstchoicenurses.com

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

First Choice Nurses

Ext. 2 (HR & Payroll)

Name: Classification:

Cacility Leastion

Facility:		Location:						
Day & Date	Area	Start	Stop	Break	Hours	Client Authorized Signature		
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Facility: Location:

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First Choice Nurses

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Facility: Location:

Facility:						
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