

Medical Staffing Solutions, LLC



**Medical Staffing
Solutions, LLC**

Our Mission: Patients First!

Medical Staffing Solutions, LLC

8601 N Kentucky Ave

Suite A

Evansville, IN 47725

(812)469-6877

zschnell@mssmedicalstaffing.com

Invoice

Date	Invoice #
05/08/2015	18032b
Terms	Due Date
Net 30	06/07/2015

Bill To

St. Mary's Medical Center
1400 Professional Blvd.
Ste. 200
Evansville, IN 47715

Amount Due	Enclosed
\$2,422.50	

Please detach top portion and return with your payment.

P.O. Number

4011000027282

Date	Unit	Description	Hours	Rate	Gross
04/20/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 06:30AM-03:15PM; Lunch; .50	8.25	60.00	495.00
04/21/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 06:30AM-03:00PM; Lunch; .50	8	60.00	480.00
04/22/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 06:30AM-03:00PM; Lunch; .50	8	60.00	480.00
04/23/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 06:30AM-03:00PM; Lunch; .50	8	60.00	480.00
04/24/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 06:30AM-02:45PM; Lunch; .50	7.75	60.00	465.00
04/24/2015	RN-OR	Caregiver; Moore, Kara D'Linda Start/End; 02:45PM-03:00PM; Lunch; .00	0.25	90.00	22.50
Total					\$2,422.50



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SHMC SURGERY

Email: timesheets@hssmedicalstaffing.com
Fax: 812.469.6876
Phone: 812.469.6877

Fax: 812-485-7113

Apr 24 2015 03:09pm P001/001

Employee Name: Kara Moore
Facility Name: St. Mary's

Discipline: RN
(CNA, UPL, RN, PT, etc.)

Regular Hours									
	Day	Date	Unit	Start Time	End Time	Lunch	Mileage	Supervisor Signature	Checked By (Print Name)
Regular Hours	Sun								Y N
	Mon	4-20	OR	0630	1515	30	5	<i>[Signature]</i>	Y N
	Tues	4-21	OR	0630	1500	30	5	<i>[Signature]</i>	Y N
	Wed	4-22	OR	0630	1600	30	5	<i>[Signature]</i>	Y N
	Thurs	4-23	OR	0630	1500	30	5	<i>[Signature]</i>	Y N
	Fri	4-24	OR	0630	1500	30	5	<i>[Signature]</i>	Y N
	Sat								Y N

* MSS will automatically deduct 30 minutes for lunch break, if not noted.

On Call Hours									
	Day	Date	Unit	Start Time	End Time	Lunch	Mileage	Call Back (Specify Hour)	
On Call/Call Back Hours	Sun								
	Mon								
	Tues								
	Wed								
	Thurs								
	Fri								
	Sat								

Competency Evaluation Tool (circle one)

	Excellent	Good	Fair	Poor
1. Techniques/Procedures/Skills		G	F	P
2. Use of Technology/Equipment		G	F	P
3. Compliance w/ Safety & Infection Control Standards		G	F	P
4. Professionalism (Dress, Cooperation, Affect)		G	F	P
5. Provides Timely & Efficient Work		G	F	P
6. Documentation Standards		G	F	P
Comments:				

- 1.) Employees must use one timesheet per facility worked.
- 2.) To be paid on time, timesheets must be turned in by Monday at 4:00pm.
- 3.) Please call MSS to verify receipt.
- 4.) MUST HAVE SUPERVISOR SIGNATURE TO BE PAID.
- 5.) Any falsification of timesheets will result in legal action.

Employee Signature: *[Signature]*

↑ Transmission failed					
Send the document(s) from page 1					
Name/Fax No.	Mode	Start	Time	Page	Result
918124696876	Normal	24,03:06pm	07:39	0	T.1.1
Note					

Apr 24 2015 03:06pm

Fax: 812-485-7113

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** Transmit Confirmation Report **