

Signature Nurses, Inc.  
2227 W. 400 Rd.  
Phillipsburg, KS 67661  
785 - 543 - 5880 - Fax: 785 - 543 - 5888

63435

**Hours Worked Report**

RN ☐ LPN ☐ CMA ☐  
CNA ☐ Charge ☐ Weekend ☐

Facility \_\_\_\_\_

Date and Shift Worked \_\_\_\_\_

Miles Round Trip \_\_\_\_\_ Lunch \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Signature Nurses, Inc. Representative \_\_\_\_\_

Facility Representative \_\_\_\_\_

OFFICE COPY

Office Use

Signature Nurses, Inc.  
2227 W. 400 Rd.  
Phillipsburg, KS 67661  
785 - 543 - 5880 - Fax: 785 - 543 - 5888

63073

**Hours Worked Report**

RN ☐ LPN ☐ CMA ☐  
CNA ☐ Charge ☐ Weekend ☐

Facility \_\_\_\_\_

Date and Shift Worked \_\_\_\_\_

Miles Round Trip \_\_\_\_\_ Lunch \_\_\_\_\_

Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_

Signature Nurses, Inc. Representative \_\_\_\_\_

Facility Representative \_\_\_\_\_

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**Make copy of timesheet and provide to facility at the end of each shift!!!!**