



GIFTED HEALTHCARE

1.888.56NURSE • travelpay@giftedhealthcare.com • Payroll Fax 888-254-6156

For Regency and Select Specialty Facility Assignments only

EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)																			

Direct Deposit Pay Card Mail • RMRG Gifted Travel • RN LPN CST/ORT

Staff Signature: _____ Client/Facility Name: _____

DAY	DATE	UNIT WORKED	TIME IN	TIME OUT	LUNCH		TOTAL HOURS WORKED	WORKED AS CHARGE NURSE	ON CALL		CALL BACK		ON CALL	SUPERVISOR SIGNATURE
									IN	OUT	IN	OUT	IN	
FRI					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
SAT					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
SUN					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
MON					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
TUES					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
WED					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
THURS					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						

Please scan or email timesheet to: travelpay@giftedhealthcare.com or Fax to 888-254-6156

Timesheets due Monday by 12:00 PM

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY						5 - TRULY GIFTED 4 - VERY GOOD 3 - GOOD 2 - FAIR 1 - POOR	Please circle one number in each row which best reflects your assessment of the employee based on the scale at the left
QUALITY OF WORK	1	2	3	4	5		
DOCUMENTATION	1	2	3	4	5		
CLINICAL ABILITY	1	2	3	4	5		
PROFESSIONALISM/ATTITUDE	1	2	3	4	5		
ATTENDANCE/PUNCTUALITY	1	2	3	4	5		
COMMENTS							

In consideration for services provided by Gifted Healthcare, the above signed agrees not to hire the staff member named above directly or indirectly except with written permission from Gifted Healthcare. The client representative's signature above acknowledges services rendered, that the above hours are correct and the employee's performance was satisfactory.

CLIENT REPRESENTATIVE SIGNATURE

DATE