



# GIFTED HEALTHCARE

1.888.56NURSE • [payroll@giftedhealthcare.com](mailto:payroll@giftedhealthcare.com) • Payroll Fax 800-918-3727

LOCAL CONTRACTS - NOT TRAVEL

<b>EMPLOYEE NAME: LAST NAME, FIRST NAME (PLEASE PRINT)</b>																													

Direct Deposit  Pay Card  Mail  Check in \_\_\_\_\_  • 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		
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						
FRI					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						
SAT					<input type="checkbox"/> No	Sup Initials		<input type="checkbox"/> Yes						

Please scan or email timesheet to: [payroll@giftedhealthcare.com](mailto:payroll@giftedhealthcare.com) or Fax to 800-318-3727

## Timesheets due Sunday by 12:00 PM

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY						5 - TRULY GIFTED 4 - VERY GOOD 3 - GOOD 2 - FAIR 1 - POOR	<b>Please circle one number in each row which best reflects your assessment of the employee based on the scale at the left</b>
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