



GIFTED HEALTHCARE

1.888.56NURSE

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

Direct Deposit Pay Card • 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		CALL BACK		ON CALL	SUPERVISOR SIGNATURE
					<input type="checkbox"/> No	Sup Initials			<input type="checkbox"/> Yes	IN	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 upload JPG of timesheet to: [Click here to access Workforce Portal](#)

Timesheets due Monday by midnight

PERFORMANCE EVALUATION TO BE COMPLETED BY SUPERVISOR WEEKLY											
QUALITY OF WORK	1	2	3	4	5	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				
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