

# VITAL NURSE STAFFING LLC

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ORGANIZATION \_\_\_\_\_

DATE	NAME	UNIT	START TIME	END TIME	NO LUNCH	SUPERVISOR SIGNATURE	TOTAL HOURS

**Vital Nurse Staffing must receive your timesheet by Sunday at Midnight**  
**If you didn't take a lunch, have the supervisor initial the "no lunch" box**  
**Only one organization per timesheet**

**Purchase PTO YES \_\_\_ NO \_\_\_ Amount of Pay \_\_\_\_\_**

Minimum of 2 hrs pay and 10 hours maximum weekly. Must be in whole numbers. Purchased time cannot be used the same week it is purchased.