RAPHA
HEALTH CARE SOLUTIONS

Rapha Health Staffing Solutions Inc
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Employment Time sheet

Employee Name: _____ Position: _____

Date	Day	Location	Start	Finish	Total Hours	Signature By RN or RPN in charge

Submitting Timesheet: (Timesheet must be submitted not later than 12 Noon on Monday of the pay week)
Scan and email signed time sheet to info@raphahealth.ca
Additional/Extra shift worked should be signed by in-charge Nurse and communicated to the office.
Please submit your time sheet on time in order to avoid payment processing delays

Employee Signature: _____ **Date: _____**