

NOTE: PLEASE SUBMIT TIME SHEETS BY NOON EVERY MONDAY

<p>INSTRUCTIONS</p> <p>ISC NIC to send copy of Signed Record to: Nurse Relief Coordination Unit Fax Number: 613-952-4622</p> <p>Original Signed Record to be kept by the Contractor.</p>	<p>Contractor: <u>CANADIAN HEALTH CARE AGENCY LTD</u></p> <p>Contract Nurse: _____</p> <p>Community Location: _____</p> <p>TA #: _____ PO#: _____</p>
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Day	Date	Regular Hours			Standby Hours			1st / 2nd / 3rd	Authorized Overtime Hours			Additional Info
		Start	End	Total	Start	End	Total		Start	End	Total	
Sun												
Mon												
Tue												
Wed												
Thurs												
Fri												
Sat												
		Total Hours			Total Hours				Total Hours			

Travel Time while in Transit (Change of Location, Medical Evacuation)			
Day	Start	End	Comments

Summary of Hours:	
Regular Hrs	
Standby Hrs	
Authorized OT Hrs	
Call Back Hrs (Form attached)	
Stat. Holiday - Standby Hrs	
Stat. Holiday - Call Back Hrs	
Travel Time While in Transit	
Note: Please record on Time Sheet for subsequent community	
Total hours	

NIC Name (Print): _____

NIC Signature: _____