

NOTE: PLEASE SUBMIT TIME SHEETS BY NOON EVERY MONDAY

<b>INSTRUCTIONS</b> Original Signed Record to be kept by the Contractor.	Contractor: <u>CANADIAN HEALTH CARE AGENCY LTD</u> Contract Nurse: _____ Community Location: _____ TA #: _____ PO# _____
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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: \_\_\_\_\_