



V Care 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@vcarestaffing.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: _____