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[www.1medicalstaffing.com](http://www.1medicalstaffing.com)

EMPLOYEE NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_

FACILITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Complete the below: **Important:** Please have Nurse/Supervisor sign at the end of every shift.

Date	Facility Location	Start Time	End Time	Break Yes/No	COVID Yes/No	Hours Worked	Nurse Signature

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Only) 1 Medical Staffing Sol. \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* 1 Medical Staffing Solutions does not pay for breaks. If you do not take breaks include that on your timecard. Maximum break time is 30 min per 8hour shift.

Note: Timecards must be submitted by 5 PM every Friday. Please Text a copy of your timecard to Charles Dwamina at 952-381-7697