

# SIGN-IN/OUT SHEET

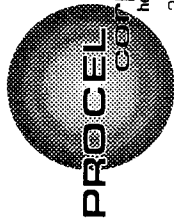
PAGE #:

HOSPITAL:

CITY:

WEEK ENDING:

MON. DATE YR.



PROCEL Corporation  
healthcare staffing services

2447 Pacific Coast Highway Suite 207  
Hermosa Beach, CA 90254-2714

ALL OVERTIME MUST BE PREAUTHORIZED BY HOSPITAL

PLEASE PRINT CLEARLY

DATE	NAME OF NURSE	NURSE'S LIC. #	CLASS RN/LVN CNA/TECH	UNIT ASSIGNED	TIME IN	MEALS		TIME OUT	EMPLOYEE'S SIGNATURE	TOTAL HOURS WORKED	OT HOURS	AUTH. BY
						OUT	IN					
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												

SUPERVISOR NOTES:

I certify that the above professionals have worked the hours indicated and approved overtime have been authorized.

NOTE: Please fax sheet every MONDAY  
Phone: 310-372-0560 Fax: 877-707-5576

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL