



301 Sheyenne St
 West Fargo, ND 58078
 Phone: 701.478.3460

Email: payroll@converdiahealth.com

AGENCY EMPLOYEE TIMESHEET

Name of Employee: _____

Department: _____

Name of Healthcare Facility: _____

Period Ending: _____

Payroll: Direct Dep Mail Pick up

DATE:													TOTAL
HOURS WORKED:													
REGULAR HOURS													
CALL BACK HOURS													
CALL BACK HOLIDAY													
OTHER PAID HOURS:													
ON-CALL HOURS													
WEEKEND/ HOLIDAY ON-CALL HRS													
ADJUSTMENTS													

Employee Signature: _____

Supervisor Signature: _____