

FAX TO: 866-463-0387



Freedom Healthcare Staffing

Hospital Name: _____

FHCS Employee: _____

Day	Date	Start Time	End Time	Off-Duty/ Meal Break	Total Hours	Authorized Hospital Signature	On-Call Hours	Unit
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Use this box to record any call-back dates/times or other notes:

I affirm with my signature the accuracy of this time sheet:

Freedom HCS Employee's Signature →