SOS Healthcare Staffing
matching needs with talent

Turn in your timecards via:
Text: 720-532-8243
Email: celeste@soshcs.com

Facility Name: _____ Employee Name: _____ Skill: _____

Day of the Week	Date Worked	Start Time	Meal	Missed Meal Supervisor/DON Approval Initials	End Time	Total Worked Hours	OT Approval	Supervisor Approval PRINT NAME & SIGNATURE
	MM/DD/YY							
SUN			30 min					
MON			30 min					
TUE			30 min					
WED			30 min					
THU			30 min					
FRI			30 min					
SAT			30 min					

Total Hours worked for the entire week: _____

QUICK EVALUATION – Please help us monitor employee performance and assist in meeting TJC requirements. This may be completed now or emailed to the SOS Payroll/HR Dept at celeste@soshcs.com, after the employee's departure.

Did the employee meet your expectation in the following areas?
Please answer: 1. Outstanding 2. Good 3. Needs Improvement

Attendance _____ Quality of Work _____ Attitude _____

Skills _____ Productivity _____ Overall Performance _____

If you answered 3 to any questions, please explain:

_____

_____

Client Agreement – This is to certify that this employee of SOS Healthcare Staffing has worked the hours shown on this assignment sheet. I agree to pay SOS Healthcare Staffing accordingly for the hours at SOS Healthcare Staffing's customary rate. I agree to terms of net upon receipt and to pay interest on unpaid balance after one week at the rate of 18% per year on the highest rate allowed by law in this state. Should my account be turned to collection, I agree to pay all collection cost and/or attorney's fees. I recognize SOS Healthcare Staffing as the employer of this person and agree not to hire or have any financial transactions with her/him without permission of SOS Healthcare Staffing. It is understood that the individual signing this timesheet is an authorized representative of the client and hereby certifies that the hours are correct and that the work was performed satisfactory.

Employee Signature: _____ **Date**: _____

I agree by signing that the above information is true and correct.

All unsigned time slips will be returned to the Worker to sign before being issued a check

Revised 05/21/25