



StaffQuest

35 Kelly Square
Lewisburg, PA 17837
SQ.Timecards@gmail.com

CNA ___ LPN ___ RN ___ (check one)

Lewisburg Wilkes-Barre (Office)

Employee

Facility

My Signature on the right certifies that the hours shown on the respective day represent the employee's hours worked on the assignment and that I am not aware of any injury sustained by this employee on this particular day. Work was performed in a satisfactory manner.

	Date	Shift		Total	Supervisor Signature
		In	Out		
MON					
TUE					
WED					
THUR					
FRI					
SAT					
SUN					
Notes					



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