



Employee Timesheet
 No Name Given Passang (Employee Id: 1858)
 EIN: REVIVE HEALTH SENIOR CARE LLC
 11/20/2022 - 12/03/2022

REVIVE HEALTH SENIOR CARE
 Date: 12/05/2022
 Time: 10:00a

Cost Center/Departments	Nursing Services
Position	Nurse in Training
Direct/Indirect	Direct
Location	REVIVE HEALTH SENIOR CARE LLC
Jobs (HR)	Nurse in Training
Badge Id	1858

Date	From	To	Department	Position	Direct/Indirect	Location	Overrides	Shift Premium	Total Time	Raw Pay Period Total	Calc. Pay Period Total	Nursing Weekend Day	Nursing Weekend Evening	Regular				
Wed 11/30/2022	08:00a	02:12p	Nursing Services	Nurse in Training	Direct	REVIVE HEALTH SENIOR CARE LLC			6.20	6.20	6.20							
Day Total :									08:00a	02:12p				6.20				
Thu 12/01/2022	10:05a	06:00p	Nursing Services	Nurse in Training	Direct	REVIVE HEALTH SENIOR CARE LLC			7.92	14.12	14.12							
Day Total :									10:05a	06:00p				7.92				
Fri 12/02/2022	11:41a	06:01p	Nursing Services	Nurse in Training	Direct	REVIVE HEALTH SENIOR CARE LLC			6.33	20.45	20.45							
Day Total :									11:41a	06:01p				6.33				
Sat 12/03/2022	06:03a	06:00p	Nursing Services	Nurse in Training	Direct	REVIVE HEALTH SENIOR CARE LLC		Nursing Weekend Day: 8.20 Nursing Weekend Evening: 3.75	11.95	32.40	32.40							
Day Total :									06:03a	06:00p				11.95				
Week Total:												Nursing Weekend Day: 8.20 Nursing Weekend Evening: 3.75	32.40	32.40	32.40	8.20	3.75	32.40
Total:												Nursing Weekend Day: 8.20 Nursing Weekend Evening: 3.75	32.40	32.40	32.40	8.20	3.75	32.40

Total	Calc Time	Calc Time (Nursing Weekend Day)	Calc Time (Nursing Weekend Evening)	Total	Cost Center	Nursing Weekend Day	Nursing Weekend Evening	Regular	Total				
Revive/6000 421 Direct	REVIVE HEALT	N/A	20.45	8.20	3.75	32.40	Revive/6000 421 Direct	REVIVE HEALT	N/A	8.20	3.75	32.40	44.35
Total			20.45	8.20	3.75	32.40	Total			8.20	3.75	32.40	44.35

Notes				
Created	Created By	Type	Date	Note
				No Results Returned

Approval History				
Date	Action	Note	Approved By	Disclaimer
12/05/2022 08:27a	Auto Submitted		System Administrator	

X _____
Supervisor Signature

Date

X _____
No Name Given Passang

Date