



Staffmed Solutions

Staffmed Solutions Inc.
PO Box 78048 PRO Meriline
Nepean, On. K2E 1B1
Phone: (613) 852-4400;
Fax: (613) 228-2032;
E-mail: info@staffmed.ca



Staffmed Solutions

Staffmed Solutions Inc.
PO Box 78048 PRO Meriline
Nepean, On. K2E 1B1
Phone: (613) 852-4400;
Fax: (613) 228-2032;
E-mail: info@staffmed.ca



Staffmed Solutions

Staffmed Solutions Inc.
PO Box 78048 PRO Meriline
Nepean, On. K2E 1B1
Phone: (613) 852-4400;
Fax: (613) 228-2032;
E-mail: info@staffmed.ca

Employee's name		Empl's #	Title RN/RPN/HCA
Client's Name:			
Client's Address			
Patient's Name	Room #	Floor/Unit	
DATE OF WORK	FROM	TO	TOTAL HRS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please NOTE: TOTAL HRS as FOLLOWS:
4hr shift: 4hrs 8hr shift: 7.5 hrs 12 hr shift: 11.25

CLIENT'S SIGNATURE	PLEASE PRINT
_____	_____
FOR CLIENT'S USE ONLY	
FOR OFFICE ONLY	

Employee's signature: _____
THIS IS CONFIRMATION OF SERVICE ONLY

Employee's name		Employee's #	Title RN/RPN/HCA
Client's Name			
Client's Address			
Patient's Name	Room #	Floor/Unit	
DATE OF WORK	FROM	TO	TOTAL HRS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please NOTE: TOTAL HRS as FOLLOWS:
4hr shift: 4hrs 8hr shift: 7.5 hrs 12 hr shift: 11.25

CLIENT'S SIGNATURE	PLEASE PRINT
_____	_____
FOR CLIENT'S USE ONLY	
FOR OFFICE ONLY	

Employee's signature: _____
THIS IS CONFIRMATION OF SERVICE ONLY

Employee's name		Employee's #	Title RN/RPN/HCA
Client's Name			
Client's Address			
Patient's Name	Room #	Floor/Unit	
DATE OF WORK	FROM	TO	TOTAL HRS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please NOTE: TOTAL HRS as FOLLOWS:
4hr shift: 4hrs 8hr shift: 7.5 hrs 12 hr shift: 11.25

Client's signature	PLEASE PRINT
_____	_____
FOR CLIENT'S USE ONLY	
FOR OFFICE ONLY	

Employee's signature: _____
THIS IS CONFIRMATION OF SERVICE ONLY