Timeslip for all Manpower Patient Attendants at UMHS

Manpower

NOTES: You must sign in and out of each unit worked. Please print clearly to have your hours processed on time.

Week Ending (Sun):

SSN (last 4 digits):

PATIENT ATTENDANT NAME (please PRINT clearly):

If faxing from UMHHC, Dial "97," then Manpower at 734-665-4377 or email to Manpower at "accounting@manpowermi.com"

The FIRST SHIFT of the week begins at 11:00pm (night shift) on SUNDAY departing MONDAY 7:30am
The LAST SHIFT of the week begins at 3:00pm (evening shift) on SUNDAY departing 11:30pm

Shift (circle one)	Arrival Date	Arrival Time	Subtract Lunch	Depart Date	Depart Time	Total Hours	Floor Unit	Patient Name (last, first initial)
	Please use a new section to show patient and/or unit change during a single shift.							
N D E								
Patient Attendant Signature:					Unit Nurse Signature:			

Shift (circle one)	Arrival Date	Arrival Time	Subtract Lunch	Depart Date	Depart Time	Total Hours	Floor Unit	Patient Name (last, first initial)
	Please use a new section to show patient and/or unit change during a single shift.							
N D E								
Patient Attendant Signature:					Unit Nurse Signature:			

Shift (circle one)	Arrival Date	Arrival Time	Subtract Lunch	Depart Date	Depart Time	Total Hours	Floor Unit	Patient Name (last, first initial)
	Please use a new section to show patient and/or unit change during a single shift.							
N D E								
Patient Attendant Signature:					Unit Nurse Signature:			

Shift (circle one)	Arrival Date	Arrival Time	Subtract Lunch	Depart Date	Depart Time	Total Hours	Floor Unit	Patient Name (last, first initial)
	Please use a new section to show patient and/or unit change during a single shift.							
N D E								
Patient Attendant Signature:					Unit Nurse Signature:			

Shift (circle one)	Arrival Date	Arrival Time	Subtract Lunch	Depart Date	Depart Time	Total Hours	Floor Unit	Patient Name (last, first initial)
	Please use a new section to show patient and/or unit change during a single shift.							
N D E								
Patient Attendant Signature:					Unit Nurse Signature:			