



2430 Amsler Street, Ste B, Torrance CA 90505  
Tel: 310 821 5888 Fax: 877 500 9451  
[www.platinumhealthcarestaffing.com](http://www.platinumhealthcarestaffing.com)

Name of Facility : \_\_\_\_\_  
Address of Facility : \_\_\_\_\_  
Printed Name of Supervisor: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

Date	NAME (Please PRINT)	Signature	Position	Time In	Meals	Time Out	Assigned Area	Total Hours	Supervisor Signature

Important Note: Timesheet must bear the signature of your supervisor and/or authorized contact person.  
For staffing or billing questions, please call 310-821-5888 or email [staffing@platinumhealthcarestaffing.com](mailto:staffing@platinumhealthcarestaffing.com)

Please fax timesheet to 877-500-9451 at the end of each payroll week, latest every Monday before 3:00PM.  
This will avoid any delay in Payroll processing.