

Colorado Wellness Connection, LLC

303-738-8301 phone
720-306-2456 fax

Weekly Time Sheet

Please mail for fax time sheet by Monday of each week for the previous week's work.

Name _____

Note: RNs – Please indicate “lead” with an “L” next to the clinic.

*Travel time applies only to those clinics scheduled one hour or less apart; it does not include travel to and from you home.

Monday Clinics – Date	Total hours	*Travel time

Tuesday Clinics – Date	Total hours	*Travel time

Wednesday Clinics – Date	Total hours	*Travel time

Thursday Clinics – Date	Total hours	*Travel time

Friday Clinics – Date	Total hours	*Travel time

Saturday Clinics - Date	Total hours	*Travel time

Sunday Clinics – Date	Total hours	*Travel time

Comments:

Total “lead” hours _____

Total non-lead hours _____

Total travel hours _____

Signature _____ Date _____