



**CONTRACT REGISTRY EMPLOYEE TIME RECORD**

**Oregon DHS** Contract #132417

Site: \_\_\_\_\_

Contract Agency: **Star Nursing, Inc**

Contract Employee: \_\_\_\_\_

Contract Employee Record: For the Month of : _____ For the Week of: _____											
Date Worked	Location worked	Start Time	Lunch Start time	Lunch End Time	End Time	Total Regular Hours Worked	Overtime/ Holiday In	Overtime/ Holiday Out	Total Hours Worked	Verification Signature	Date

Contract Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX on Monday by 2:00 pm to 877-687-7400**