



NHICS FORM 252 | SECTION PERSONNEL TIME SHEET

1. FACILITY NAME:			
2. FROM DATE/TIME:		3. TO DATE/TIME:	
4. SECTION:		5. TEAM LEADER:	

6. TIME RECORD								
#	EMPLOYEE (E)/VOLUNTEER (V) NAME (PLEASE PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT/ RESPONSE FUNCTION	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	SIGNATURE	TOTAL HOURS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY

7. CERTIFYING OFFICER:		8. DATE/TIME SUBMITTED:	
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PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: SECTION CHIEFS
ORIGINAL TO: TIME UNIT LEADER EVERY 12 HOURS
COPIES TO: DOCUMENTATION UNIT LEADER