



FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

WEEK ENDING DATE (SUNDAY): \_\_\_\_/\_\_\_\_/\_\_\_\_ HALL/FLOOR: \_\_\_\_\_

EMP NAME (PRINT): \_\_\_\_\_ CLASS: RN LPN CNA

**"Nurse Aid"**

DAY OF WEEK (MON-SUN)	DATE MONTH/ DATE/ YEAR	TIMES WORKED CIRCLE SHIFT: 1 2 3	I certify that the TOTAL hours shown are correct and that the above named employee performed to my satisfaction.  <b><u>FACILITY SUPERVISOR(S) SIGNATURE ONLY</u></b>	LUNCH BREAK You are expected to take a 30 minute break per shift. If <u>NO</u> break is taken, or less than 30 minutes per shift facility supervisor <u>MUST</u> initial <u>this</u> box, as well as sign time slip or 30 minutes will be deducted.	TOTAL PAYABLE/ BILLABLE HOURS

I certify that the above hours correctly represent my hours worked and that the facility supervisor's signature is that of an Authorized.

EMPLOYEE SIGNATURE: \_\_\_\_\_ (MUST sign in order to be paid)

BLUE = FACILITY YELLOW = EMPLOYEE WHITE = OFFICE === ORIGINALS MUST BE TURNED IN TO OFFICE. DUE BY 9AM ON EVERY MONDAY



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