			IONE (336)375-8288 ~ FAX 375-8926		
					(
			CITY:		
VEEK ENDI	NG DATE (S	UNDAY):	_// HALL/FLOOR:		
MP NAME	(PRINT):		CLASS: RN LPN	CNA	"Nurse A
DAY OF WEEK (MON- SUN)	DATE MONTH/ DATE/ YEAR	TIMES <u>WORKED</u> CIRCLE SHIFT: 1 2 3	I certify that the TOTAL hours shown are correct and that the above named employee performed to my satisfaction. <u>FACILITY SUPERVISOR(S) SIGNATURE ONLY</u>	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	TOTAL PAYABLE/ BILLABLE HOURS
		IN: OUT:		sign time slip or 30 minutes will be deducted.	
		001.			
certify the	it the above	hours correctly repr	resent my hours worked and that the facility supervisor's signatu	ure is that of an A	uthorized.
MPLOYEE	SIGNATURE	:	(MUST sign	in order to be p	aid)
BLUE = FA	CILITY YE	LLOW = EMPLOYEE	WHITE = OFFICE === ORIGINALS MUST BE TURNED IN TO OFF	ICE. DUE BY 9AM	ON EVERY MONDA
722 N CHURCH S	TREET ~ SUITE E ~	GREENSBORO, NC 27405 ~ PH	ONE (336)375-8288 ~ FAX 375-8926		
ACILITYN	JAME:				
DDRESS: _			CITY:		
VEEK ENDI	NG DATE (S	UNDAY):	_// HALL/FLOOR:		
MP NAME	(PRINT):		CLASS: RN LPN	CNA	"Nurse A
DAY OF	DATE	TIMES	I certify that the TOTAL hours shown are correct and that		TOTAL
WEEK	MONTH/	WORKED	the above named employee performed to my satisfaction.	You are expected to take a 30 minute break per shift. If <u>NO</u> break is taken, or less	PAYABLE/
(MON- SUN)	DATE/ YEAR	CIRCLE SHIFT: 1 2 3	FACILITY SUPERVISOR(S) SIGNATURE ONLY	than 30 minutes per shift facility supervisor <u>MUST</u> initial <u>this</u> box, as well as	BILLABLE HOURS
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		OUT:			
	at the above	hours correctly repr	resent my hours worked and that the facility supervisor's signati	ure is that of an A	l
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MPLOYEE	SIGNATURE		(MUST sign WHITE = OFFICE === ORIGINALS MUST BE TURNED IN TO OFF	•	
MPLOYEE	SIGNATURE		(MUST sign WHITE = OFFICE === <u>ORIGINALS MUST BE TURNED IN TO OFF</u>	•	
MPLOYEE BLUE = FA	SIGNATURE	LLOW = EMPLOYEE	•	•	
BLUE = FA	SIGNATURE	GREENSBORO, NC 27405 ~ PH	WHITE = OFFICE === ORIGINALS MUST BE TURNED IN TO OFF	•	
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BLUE = FA	SIGNATURE CILITY YEA TREET ~ SUITE E ~ (JAME:	GREENSBORO, NC 27405 ~ PH	WHITE = OFFICE === ORIGINALS MUST BE TURNED IN TO OFF	•	
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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