



The right connection. Guaranteed.

Last Name: _____ **First Name:** _____ **Title:** _____

Facility Name: _____

Day	Date	Shift	Unit	Charge Nurse (Circle)		On-Call (Circle)		Start Time	Break Time		End Time	Total Hours	Client Signature
				Y	N	Y	N		Minutes	Client Initial			
Sun				Y	N	Y	N						
Mon				Y	N	Y	N						
Tue				Y	N	Y	N						
Wed				Y	N	Y	N						
Thu				Y	N	Y	N						
Fri				Y	N	Y	N						
Sat				Y	N	Y	N						

IMPORTANT: The facility's authorized SIGNATURE must appear daily!

Note: When break is not taken, write 0 (zero) under the "Minutes" column and ask client to initial next to it.

I certify that no accident or injury was sustained by me while working on the assignment unless so noted in the comments section below.
 I certify that the hours shown above represent my total hours worked on this assignment and that they were properly verified by the client's authorized representative.

Comments: _____

Please select how your paycheck will be handled:

Cash Pay® (Daily) Check (Weekly) Direct Deposit (Weekly)

Employee Signature: _____ **Date:** _____

Authorized Client Signature: _____ **Date:** _____