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	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
In Time								
Out Time								
Less Break								
Reg. Hour								
Overtime								
APPROVAL								

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client's authorized representative.

Employee Signature

Client Name: _____

Unit or Floor: _____

Employee Name: _____

Circle One: RN LPN CNA Other:

Late Call Orientation

Week Ending Date: _____
(Saturday)

Daily Pay

Circle One: Weekly Pay(Direct Deposit)

Weekly Pay(Paycheck)

Signature of authorized client only