



**FAX TIME SLIP TO
(410) 581-1142**

PAYROLL REQUEST

Weekly Pay: (check/payroll sub will be mailed) Time slips are due every Monday by 12:00PM!

Instance Pay: Will pick up on: Monday Wednesday Friday (between 8:00AM-3:00PM)

Facility Name:
Employee Name:

Facility Authorized Representative to initial for approved overtime and missed breaks!

Day	Date	Unit	Shift (for nursing)			Time In	Time Out	Less Break	Hours Worked	Facility Authorized Representative Initials
			D	E	N					
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
D = Day E = Evening N = Night								Total Hours:		
Classification	RN	LPN	GNA	CNA	CMA	RT	SITTER			
	PT	PTA	OT	COTA	SLP	Tech	Other:			
Facility Authorized Representative (please print name and title)										
Authorized Representative Signature:										
_____						Date: _____				
I certify that the information recorded on this time slip is accurate and complete.										