



**FAX TIME SLIP TO  
(630) 691-2646**

**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:**

<b>Classification</b>	<b>RN</b>	<b>LPN</b>	<b>GNA</b>	<b>CNA</b>	<b>CMA</b>	<b>RT</b>	<b>SITTER</b>
	<b>PT</b>	<b>PTA</b>	<b>OT</b>	<b>COTA</b>	<b>SLP</b>	<b>Tech</b>	<b>Other:</b>

**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.