



**FAX TIME SLIP TO
(800) 792-1380**

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.