



Fax to: 1- 866-503-4090 Toll free
Please fax by noon Monday

Phone: 425-285-1201

Employee Name: _____

Empl Id: _____

Facility Name: _____

RN LPN CNA RNA

Other: _____

<p>Month Day Year</p> <p>Time In Lunch Time Out (mins taken)</p> <p>Client Approval</p>	<p>Floor/Unit</p> <p>Total Hours Worked</p> <p>Client Initials for Approved Overtime or missed lunch</p>	<p>Day</p> <p>Shift</p>	<p>Area</p>
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