

# FlexRN + Co.

Please fax to: **1(800)905-6419**

If the 800 fax number does not transmit, please fax to  
1 (888) 494-0968. If that fails, then phone 1 (800) 905-6150

Employee Name:	Date	Time In	Time Out	Break length time	Total Hours, excluding breaks	Reason for early start, short or skipped break, and/or late stop	Facility Signature	Check for	Facility Name:	Dept:
								Daily Pay <input type="checkbox"/>		
Sunday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Monday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Tuesday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Wednesday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Thursday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Friday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
Saturday	/	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	min						
FlexRN+CO					Weekly	Any	Facility			
Employee signature:					Total:	Overtime hours:	Overtime Approval:			