FlexRN + Co.

STAFFING SOLUTIONS

Please fax to: 1(800)905-6419

If fax *fails* to transmit, see below

_____ FlexRN+Co. Employee Name	Check for Daily Pay ☐

Facility Name:

_____

RN ☐ Med Surg ☐ LPN ☐ Specialty ☐ Tech ☐ Unit:_____	Respiratory Therapist CRT ☐ Nicu ☐ RRT ☐ Picu ☐

Shift Began:_____ / _____ _____

Month Day Day of week

Shift Start _____ : _____ AM/PM Time:	Shift End _____ : _____ AM/PM Time:
Break Length Time: 30 minutes ☐ Other	Time worked, deducting break: _____ hours _____ minutes

Reason for: early arrival, late departure, short or skipped break:

_____

_____

If applicable, circle: Overtime Charge On Call Call Back

_____

FlexRN+Co. Employee Signature

_____ Facility Representative/ Shift Supervisor Signature	Overtime Approval: yes

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 - White copy • Client - Yellow