

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 <input type="checkbox"/>
--------------------------------	--

Facility Name: _____

RN <input type="checkbox"/> LPN <input type="checkbox"/> Tech <input type="checkbox"/>	Med Surg <input type="checkbox"/> Specialty <input type="checkbox"/>	Respiratory Therapist CRT <input type="checkbox"/> Nicu <input type="checkbox"/> RRT <input type="checkbox"/> Picu <input type="checkbox"/>
Unit: _____		

Shift Began: _____ / _____ _____
Month Day Day of week

Shift Start _____ : _____ <input type="checkbox"/> AM _____ : _____ <input type="checkbox"/> PM	Shift End _____ : _____ <input type="checkbox"/> AM _____ : _____ <input type="checkbox"/> PM
--	--

Break 30 minutes <input type="checkbox"/> Length _____ Time: _____ 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: <input type="checkbox"/> yes
--	--

If the 800 fax number does not transmit, please fax to
 1 (888) 494-0968; or send an image to payroll@flexrn.com.