

FlexRN + Co.

Fax to: **1(800)905-6419**

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

Employee  
Name:

Check for  
Daily Pay

Facility  
Name:

Dept:

	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
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 Employee signature:				Weekly Total:	Any Overtime hours:	Facility Overtime Approval:	