



1910 18th Street
Great Bend, KS 67530
1-877-530-7262
Fax 1-877-755-7232

Office Use Only **DISCOUNTS:**
 Loyalty 1 Loyalty 2
 Planned Shortage
 FMLA Extended Needs

No. _____
mddy

Employee: _____ (circle) RN LPN CMA CNA
MDS 3.0 RAC-CT RN

Client Facility: _____

Shift Date: _____ Unit: _____

EXTRA PAY:
 Short Notice

Start Time: _____ : _____

Meal Break: 0 0 : 3 0

End Time: _____ : _____

Total Hours: _____ : _____

Mileage: _____

FACILITY USE ONLY:

No Meal Break Approval: _____
Missed meal break must be authorized by signature.

Client Approval Signature: _____
(A copy will be sent to you upon request)

Make copy of timesheet and provide to facility at the end of each shift.



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