FlexRN
Nursing Excellence is our Specialty

Please fax to:
1(800)905-6419

If fax fails to transmit, see below

_____ FlexRN 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 Time: _____ : _____ AM PM	Shift End Time: _____ : _____ AM PM
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 Employee Signature

_____ Facility signature (Authorized signee as designated by facility)	Overtime Approval: yes

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