



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 <input type="checkbox"/>	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 (Authorized signee as designated by facility)
Sunday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Monday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Tuesday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Wednesday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Thursday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Friday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
Saturday	/	<input type="checkbox"/> A <input type="checkbox"/> P	<input type="checkbox"/> A <input type="checkbox"/> P	min			
FlexRN Employee signature:				Weekly Total:	Any Overtime hours:	Facility Overtime Approval:	