



Please fax to:  
(703)313-2251  
If fax fails to transmit, see below

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

Shift Began: _____ / _____ _____ Month Day Day of week
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Shift Start _____ : _____ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM	Shift End _____ : _____ <input type="checkbox"/> AM Time: _____ <input type="checkbox"/> PM
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Break 30 minutes <input type="checkbox"/>	Time worked, deducting break:
Length _____	_____ hours _____ minutes
Time: _____ Other	

Reason for: early arrival, late departure, short or skipped break: _____ _____
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If applicable, circle: Overtime Charge On Call Call Back
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FlexRN Employee Signature _____
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Overtime Approval: <input type="checkbox"/> yes
Facility signature (Authorized signee as designated by facility)

If the 703 fax number does not transmit, please send an image to payroll@flexrn.com.