



Fax to: 703) 313-2251

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

Employee Name:	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:
----------------------------	---------------	---------------------	-----------------------------