

**PAYROLL REQUEST**

**Weekly Pay:** (check/payroll sub will be mailed) Time slips are due every Monday by 12:00PM!

**Instance Pay:** Will pick up on:  Monday  Wednesday  Friday (between 8:00AM-3:00PM)

<b>Facility Name:</b>
<b>Employee Name:</b>

***Facility Authorized Representative to initial for approved overtime and missed breaks!***

Day	Date	Unit	Shift (for nursing)			Time In	Time Out	Less Break	Hours Worked	Facility Authorized Representative Initials
			D	E	N					
Mon										
Tue										
Wed										
Thu										
Fri										
Sat										
Sun										
D = Day    E = Evening    N = Night								<b>Total Hours:</b>		
<b>Classification</b>	RN	LPN	GNA	CNA	CMA	RT	SITTER			
	PT	PTA	OT	COTA	SLP	Tech	Other:			
<b>Facility Authorized Representative</b> (please print name and title)										
<b>Authorized Representative Signature:</b>										
_____						Date: _____				
I certify that the information recorded on this time slip is accurate and complete.										