



# Florence

Nursing Services

803.321.9022

<b>PRINT CLIENT'S NAME</b>							
<b>PRINT YOUR NAME</b>							
<b>RN, LPN, CNA</b>			<b>LAST FOUR DIGITS OF SSN:</b>				
<b>DAY</b>	<b>DATE</b>	<b>TIME STARTED</b>	<b>TIME FINISHED</b>	<b>UNIT OR FLOOR</b>	<b>LESS LUNCH</b>	<b>HRS TO BE PAID &amp; BILLED</b>	<b>MAKE SURE CUSTOMER SIGNS THIS RECEIPT</b>
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							
SUN.							
<b>TOTAL HOURS TO NEAREST 1/4 HOUR</b>			<b>WEEKLY TOTAL TO BE BILLED AND PAID -</b>				
I certify that this form is true & accurate & no injuries were sustained during this assignment.							
<b>YOUR SIGNATURE</b>							

Please fax/email to 803-321-9024/fnsstaffing@florencenursing.com by 9am on Mondays.