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<b>PAY:</b> <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY	<b>METHOD OF PAY:</b> <input type="checkbox"/> PAYCARD <input type="checkbox"/> MAIL CHECK	<input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> HOLD FOR PICKUP
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NAME: \_\_\_\_\_ RN LPN CNA ERT Other: \_\_\_\_\_  
Last Name First Name

CLIENT: \_\_\_\_\_ UNIT: \_\_\_\_\_ CHARGE:

DATE: \_\_\_\_\_ SHIFT:  D  E  N  D12  N12  Other: \_\_\_\_\_

START: \_\_\_\_\_ AM/PM MEAL: [30] or \_\_\_\_\_ STOP: \_\_\_\_\_ AM/PM TOTAL HOURS: \_\_\_\_\_

OVERAGE HOURS: \_\_\_\_\_ SUPERVISOR OVERAGE HOURS APPROVAL: \_\_\_\_\_

EMPLOYEE SIGNATURE

AUTHORIZED CLIENT APPROVAL

\_\_\_\_\_  
I certify all information is accurate. I agree I will not accept employment with this client for a period of ninety (90) days from this shift date.

\_\_\_\_\_  
Your signature confirms you have verified all hours worked, including any OVERTIME HOURS and/or OVERAGE HOURS worked and that these hours are approved by you for payment.

*white copy: employee*

*yellow copy: client*