



1910 18th Street
Great Bend, KS 67530
877-530-7262
Fax 877-755-7232

No. _____
mmddyy

Employee: _____ (circle) RN LPN CMA CNA

Client Facility: _____

Shift Date: _____ Unit: _____

Start Time: _____ : _____

Meal Break: 0 0 : 3 0

End Time: _____ : _____

Total Hours: _____ : _____

Mileage: _____

EXTRA PAY:
<input type="checkbox"/> Short Notice \$ _____

FACILITY USE ONLY:

No Meal Break Approval: _____
(Missed meal break must be authorized by signature.)

Client Approval Signature: _____
(A copy will be sent to you upon request)

**Make a copy of this timesheet and provide to the facility at the end of each shift.
Upload copy to WorkForce Portal immediately following your shift.**



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