Emp. No.

Dept. No.

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

CLIENT NAME

CODE

| DAY | DATE | SHIFT START | SHIFT FINISH | LESS OFF DUTY | TOTAL HOURS | INITIAL | SHIFT | | | BILL HOURS |
|---|---|---|---|---|---|---|---|---|---|---|
| MON | | | | | | | | | | |
| TUES | | | | | | | | | | |
| WED | | | | | | | | | | |
| THUR | | | | | | | | | | |
| FRI | | | | | | | | | | |
| SAT | | | | | | | | | | |
| SUN | | | | | | | | | | |

**WEEKLY TOTAL HOURS**

CLIENT SIGNATURE

X

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EMPLOYEE SIGNATURE X _____

MAIL OR DELIVER TO:

Tri-State Nursing 800-727-1912

621 16th St. • Sioux City, IA 51105 • 712-277-4442 • Fax 712-277-4547
521 Michigan Street • Storm Lake, IA 50588 • 712-213-3500 • Fax 712-213-3502
7701 Pacific St. Suite 122 • Omaha, NE 68114 • 402-502-1610 • Fax 402-502-1620
5201 S. Western Ave. Suite 104 • Sioux Falls, SD 57108 • 605-221-0850 • Fax 605-221-0853
200 E. Kemp Ave. • Watertown, SD 57201 • 605-753-7530 • Fax 605-753-7534



White - Office Yellow - Client Pink - Employee

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Dept. No.

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| THUR | | | | | | | | | | |
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DO NOT WRITE IN THIS SPACE

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