

| Date | Shift Start | Shift End | Break (Min) | Total Hours | Hourly Rate | Total |
|------|-------------|-----------|-------------|-------------|-------------|-------|
| | | | | | | |

Subtotal: \$ _____

Adjustments/OT: \$ _____

TOTAL DUE: \$ _____

Nurse Signature

Supervisor Approval Signature

Payment Terms: Net ____ days. Please make checks payable to _____.