	EMPLOYEE NAME				SOCIAL SECURITY NUMBER			CLIENT NAME			
RN	DAY	DATE	SHIFT	SHIFT	BREAK/ LUNCH	TOTAL	CLIENT	Regular Time	Military Time	Regular Time	Military Time
	MON							Midnight	0000	Noon	1200
PN	Town of the	1	1		 	-		1:00 a.m.	0100	1:00 p.m.	1300
MA	TUES	1 1	i	1	1			2:00 a.m.	0200	2:00 p.m.	1400
	WED		1	-		1		3:00 a.m. 4:00 a.m.	0300	3:00 p.m. 4:00 p.m.	1500 1600
CNA								5:00 a.m.	0500	5:00 p.m.	1700
	THUR						16	6:00 a.m.	0600	6:00 p.m.	1800
	FRI							7:00 a.m.	0700	7:00 p.m.	1900
	7.18	-		-				8:00 a.m.	0800	8:00 p.m.	2000
Check if client pays mileage	SAT	1 1			1			9:00 a.m.	0900	9:00 p.m.	2100
bala maaga	SUN				7,47			10:00 a.m.	1000	10:00 p.m.	2200
Mileage	3014							11:00 a.m.	1100	11:00 p.m.	2300
	WEEKLY TOTAL HOURS							CLIENT SIGNATURE X			
	I certify that the hours shown were worked by me during the week indicated, I understand I must contact the Tri-State Nursing office within 3 days of last scheduled shift. EMPLOYEE SIGNATURE X							MAIL OR DELIVER TO: Tif-State 800-727-1912 3100 S. Lakeport St. • Sioux City, IA 51106 712-277-4442 • Fax 712-255-6840			
	EMPLOYEE NAME				SOCIAL SECURITY NUMBER			CLIENT NAME			
			0.000		XXX	XX	O) IEVE	Deciden	AAIIIA	Dogular	B. Milita
IN	DAY	DATE	SHIFT	SHIFT	BREAK/ LUNCH	HOURS	CLIENT	Regular Time	Military Time	Regular Time	Military Time
-	MON							Midnight	0000	Noon	1200
PN	MUN	11	1	3/4	<u> </u>			1:00 a.m.	0100	1:00 p.m.	1300
	TUES		1					2:00 a.m.	0200	2:00 p.m.	1400
MA	were.							3:00 a.m.	0300	3:00 p.m.	1500
NA	WED							4:00 a.m.	0400	4:00 p.m.	1600
0.000	THUR	1 1				1		5:00 a.m.	0500	5:00 p.m.	1700
	22.025	11	 i		1			6:00 a.m.	0600 0700	6:00 p.m.	1800
	FRI		200			i_		7:00 a.m. 8:00 a.m.	0800	7:00 p.m. 8:00 p.m.	2000
Check if client	SAT					1		9:00 a.m.	0900	9:00 p.m.	2100
pays mileage	2000	+						10:00 a.m.	1000	10:00 p.m.	2200
Mileage	SUN	11						11:00 a.m.	1100	11:00 p.m.	2300
	WEEKLY TOTAL HOURS							CLIENT SIGNATURE X			
	I certify that the hours shown were worked by me during the week indicated. I understand I must contact the Tri-State Nursing office within 3 days of last scheduled shift. EMPLOYEE SIGNATURE X							MAIL OR DELIVER TO: Nursing 800-727-1912 3100 S. Lakeport St. • Sioux City, IA 51106 712-277-4442 • Fax 712-255-6840			
	EMPLOYEE NAME				SOCIAL SECURITY NUMBER			CLIENT NAME			
	2000	V-2-1-2-2	SHIFT	SHIFT	X X X BREAK/	TOTAL	CLIENT	Regular	Military	Regular	Military
N	DAY	DATE	START	FINISH	LUNCH	HOURS	INITIAL	Time	Time	Time	Time
121	MON							Midnight	0000	Noon	1200
PN	1000000	11	1		1	-		1:00 a.m.	0100	1:00 p.m.	1300
MA	TUES	1 1	1	1	1	1	<u></u>	2:00 a.m.	0200	2:00 p.m.	1400
	WED	1 1	1					3:00 a.m.	0300	3:00 p.m.	1500
NA								4:00 a.m. 5:00 a.m.	0400	4:00 p.m. 5:00 p.m.	1600 1700
	THUR						10.3	6:00 a.m.	0600	6:00 p.m.	1800
	FRI							7:00 a.m.	0700	7:00 p.m.	1900
	CHI	1	1		1			8:00 a.m.	0800	8:00 p.m.	2000
theck if client	SAT				1	1		9:00 a.m.	0900	9:00 p.m.	2100
pays mileage	CURV					i		10:00 a.m.	1000	10:00 p.m.	2200
Mileage	SUN							11:00 a.m.	1100	11:00 p.m.	2300
	WEEKLY TOTAL H				OURS			X CLIENT SIGNAT	URE		
	I certify that the hours shown were worked by me during the week indicated. I understand I must contact the Tri-State Nursing office within 3 days of last							MAIL OR DELIVE	R TO: Nursi	Scate 10 800-7	27-1912
	scheduled shift. EMPLOYEE SIGNATURE X							3100 S. Lakeport St. • Sioux City, IA 51106 712-277-4442 • Fax 712-255-6840			