

ALL MIDLANDS HEALTH SERVICES, INC.

www.allmidlands.com

(402) 391-5554

1-05

EMPLOYEE:

RN/LPN/MA/NA

CLIENT:

DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	HOURS WORKED	SUPERVISOR/CLIENT SIGNATURE
SUN						
MON						
TUES						
WED						
THUR						
FRI						
SAT						

EMPLOYEE – I CERTIFY THAT I HAVE NOT BEEN INJURED ON DUTY ON THE ABOVE WORK DAYS.

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

WHITE-CLIENT COPY
YELLOW-PAYROLL COPY
PINK-EMPLOYEE'S COPY

	PAY	BILL
SR1100		
PD1101		
1102		
1103		
1104		
1105		
SRH2100		
PDH2101		
SROT2200		
PDOT2201		
Other		