



Hospital and Home Nursing Placement Service

(Time Card)

NURSE'S NAME (LAST) (FIRST)

NURSE'S SIGNATURE

FACILITY NAME UNIT WORKED

138 N. Hickory Ave.
Bel Air, Maryland 21014
410-879-6571 (tel)
1-866-WORKPRN
410-879-6574 (fax)

WWW.PRNHEALTHCARE.COM

Table with 11 columns: Day, Date, Shift, Area/Unit, Time In, Lunch Break, Time Out, Holiday Hrs., Total Hrs., Supervisor's Signature, Supervisor MUST Approve Overtime. Rows for SUN, MON, TUES, WED, THU, FRI, SAT.

*Any overtime hours must be pre-approved with nursing supervisor and PRN.
Time slip must be submitted to PRN within 7 days of last shift worked.

WHITE - PRN Office Copy YELLOW - Facility Copy



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