



**MILLENNIA**  
**MEDICAL STAFFING**  
*Staffing Healthcare Everywhere*

**Check One:**

- Cash Card
- Mail
- Pickup
- Deposit

Facility Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Classification:     RN     LPN     CNA     Other: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Area/Floor: \_\_\_\_\_

**SHIFT:**

Total Hours Worked: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_ Meal: (0 min) (30 min) (60 min)

Overtime Approved:     Yes     No

I certify that the hours shown above are my total hours worked and they were properly verified by the facility or its authorized representative. I also agree that I was not injured on the above shift, nor have I received any damages while I was working the above shift.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

Facility agrees not to employ directly in any capacity the person named hereon without first providing at least ninety (90) days written notice following the termination of this assignment. I certify that the hours shown above are correct and that the employee performed satisfactory.

Eligible to Return:     Yes     No

\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
Date Signed

***Please fax timeslips at the end of your shift in order to have your checks ready.***

***White - Employer    Yellow - Facility    Pink - Employee***

www.milleniamedical.com

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