



Phone: 888-686-NURS (6877)  
 Fax: 800-921-0865

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

Facility City \_\_\_\_\_ State \_\_\_\_\_

Employee Name (PRINT) \_\_\_\_\_

RN      LPN      CST      Other

Authorized Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle One \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Eligible to Return?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

*I, the above signed, certify that the total number of hours shown is correct and verified by the client. I also agree I will not contract or accept employment with the above named MMS client, as an employee or through another agency, for a period of six (6) months following this time slip without the express consent of MMS.*

*I, the above signed, agree the hours here are correct.*

DATE								TOTAL
DAY	SUN	MON	TUES	WED	THURS	FRI	SAT	
AREA WORKED IN								
BREAK								
OUT								Regular
TOTAL								
NOTES								
Acct Use Only								Overtime
<b>ON-CALL</b>								
START								
END								
TOTAL								
NOTES								
Acct Use Only								On-Call
<b>CALLBACK</b>								
START								
END								
TOTAL								
NOTES								
Acct Use Only								Callback

**TIME SLIPS MUST BE FAXED BY MONDAY 5PM EASTERN TIME**  
**FAX: 800-921-0865 or**  
**888-686-7800**  
 (if above number is busy)