

No Place Like Home, Inc.

Work Record

Employee Name: _____ LPN RN CNA

- Work records must be FAXED every **Monday by 5PM**
- Work records received after 5pm will be paid on the next scheduled pay-period
- Checks cannot be picked up & are mailed out weekly on Thursday

	Date	Client Name	Time In	Time Out	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Please use AM & PM; records using military time will be rejected.

_____ Total Hours Worked

Any changes to address/phone? _____

I hereby certify this work record is a true and correct statement of hours worked by me.

Staff/Contractor Signature

Parent/Guardian Signature

Anything special we need to know?