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Name _____ CMA _____ RN _____ LPN _____ CNA _____

Facility _____

Date _____ Time in _____ Time out _____ 30 Min. Break YES
 30 Min. Break NO Initials: _____

I certify that the hours shown above represent my total hours worked on this assignment during the week, and that they were properly verified by the client listed above for services rendered by me as an employee for liaison services of PRN Staffing, Inc.

(X) _____
 Employee's Signature

I certify that the hours shown above are correct and the employee performed satisfactorily

(X) _____
 Authorized Client Signature

White - Employee • Canary - Client