



**Reliable Nursing Services, INC.**  
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 Odessa, TX 79762  
 (432)561-8119 • Fax (432) 561-8371  
 www.reliablenursingservices.com

Early Pay

Direct Deposit

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**Please Print in Black Ink only**

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**EMPLOYEE NAME** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

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**CLIENT NAME** \_\_\_\_\_

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**CLASSIFICATION:** {} RN {} LVN {} CNA {} MED-AIDE  
 {} SITTER

THIS IS A BILLING DOCUMENT. BY EXECUTING THIS FORM,  
 CLIENT/EMPLOYEE CERTIFIES THAT HOURS SHOWN BELOW ARE  
 TRUE AND ACCURATE.

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**DATE:** \_\_\_\_\_ **EMPLOYEE SIGNATURE** \_\_\_\_\_

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**DATE:** \_\_\_\_\_ **AUTHORIZED CLIENT SIGNATURE:** \_\_\_\_\_

**EACH SHIFT MUST BE INITIALED BY CHARGE NURSE**

MO/DAY/YR	TIME START	TIME FINISHED	LESS LUNCH	REG HOURS	OVER TIME	TOTAL HOURS	CLIENT INITIAL	MILEAGE
SUN.								
MON.								
TUE.								
WED.								
THUR.								
FRI.								
SAT.								

**TOTAL HOURS FOR THE WEEK** \_\_\_\_\_