



## NW Clinical Registry

PO Box 772  
 620 Cleveland St. SW  
 Albany, OR 97321  
 Phone: (541) 928-1041  
 Fax: (541) 928-7303

- |  |   |
|--|---|
| <input type="checkbox"/> Patient Companion<br><input type="checkbox"/> CNA<br><input type="checkbox"/> CMA<br><input type="checkbox"/> LPN | <input type="checkbox"/> RN<br><input type="checkbox"/> RN-Specialty<br><input type="checkbox"/> Other: _____ |
|--|---|

Employee Name \_\_\_\_\_ Year \_\_\_\_\_

- Weekend starts at 3pm on Friday and ends at 7am on Monday
- You must get a supervisor's signature for each worked shift to receive compensation.
- Please have supervisor sign on one line and print legibly on another line corresponding with the day worked.
- Day shift = 7a-3p      Eve shift = 3p-11p      NOC shift = 11p-7a

	DATE	SHIFT	IN	Lunch	OUT	SHIFT TOTAL	UNIT	FACILITY	SUPERVISOR APPROVAL (Sign/Print Legibly)
Sunday		Day							
		Eve							
		Noc							
Monday		Day							
		Eve							
		Noc							
Tuesday		Day							
		Eve							
		Noc							
Wednesday		Day							
		Eve							
		Noc							
Thursday		Day							
		Eve							
		Noc							
Friday		Day							
		Eve							
		Noc							
Saturday		Day							
		Eve							
		Noc							