

RECEIVED

MAY 31 2019

BMC GROUP

ADMINISTRATIVE EXPENSE CLAIM FORM

Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Favorite Healthcare Staffing, Inc

Name and address where notices should be sent:

Favorite Healthcare Staffing, Inc
7255 W 98th Terr, Bldg 5, Ste 150
Overland Park, Ks 66212

Name and address where payment should be sent (if different):

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 913-267-5457

Last four digits of account or other number by which creditor identifies debtor: 6548

1. Basis for Administrative Claim

- Goods sold
Services performed
Money loaned
Personal injury or wrongful death
Taxes
Other

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
Wages, salaries, and compensation (fill out below)
Last four digits of your SS #:
Unpaid compensation for services performed from - to

2. Date(s) debt was incurred:

3. If court judgment, date obtained:

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 93,519.22

If all or part of your claim is secured, also complete Item 5 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Please identify the property of the Debtor that secures the claim.

Description of Property:

Basis for Perfection:

Value of Property:

6. Offsets, Credits and Setoffs:

- All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein
This claim is not subject to any setoff or counterclaim.
This claim is subject to setoff or counterclaim as follows:

7. This Administrative Proof of Claim:

- is the first filed proof of claim evidencing the claim asserted herein.
amends/supplements a proof of claim filed on or
replaces/suspends a proof of claim filed on

8. Assignment

If the claimant has obtained this claim by Assignment, a copy is attached hereto.

9. Supporting Documentation:

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Date: 5/28/19

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Kyle Cooper AR Credit Manager

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3574.

FMHA POC
00141



INVOICE

ORIGINAL



SHIFT CODES
 Weekday Weekend
 1. Day Shift 4. Day Shift
 2. Evening Shift 5. Evening Shift
 3. Nights 6. Nights
 H-Holiday O-Overtime

Invoice #	1146330
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	2/22/2019
Billing Date:	3/1/2019

Fayette Regional Hospital
 Accounts Payable
 1941 Virginia Avenue
 Connersville, IN 47331

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
02/18/2019	608034	KELLY ROBERTS	11166763-1	RN	STF	1	69.00	13.00	897.00
02/21/2019	608034	KELLY ROBERTS	11166765-1	RN	STF	1	69.00	13.28	916.32
02/22/2019	608034	KELLY ROBERTS	11166767-1	RN	STF	1	69.00	12.75	879.75
02/17/2019	658983	DANIELLE THOMPSON	11146391-1	RN	STF	4	72.00	12.00	864.00
02/18/2019	658983	DANIELLE THOMPSON	11149278-1	RN	STF	1	72.00	12.17	876.24
02/19/2019	658983	DANIELLE THOMPSON	11152700-1	RN	STF	1	72.00	12.25	882.00
02/17/2019	659186	BONNITA NORMAN	11168946-1	RN	STF	6	72.00	16.75	1,206.00
02/18/2019	659186	BONNITA NORMAN	11168952-1	RN	STF	3	72.00	17.25	1,242.00
02/19/2019	659186	BONNITA NORMAN	11168956-1	RN	STF	3	72.00	6.00	432.00
02/19/2019	659186	BONNITA NORMAN	11168956-1	RN	STF	3	108.00	9.75	1,053.00
02/18/2019	662499	PETER MOORE	11149877-1	RN	STF	3	69.00	12.00	828.00
02/22/2019	662499	PETER MOORE	11164266-1	RN	STF	6	69.00	12.50	862.50
02/23/2019	662499	PETER MOORE	11166576-1	RN	STF	6	69.00	12.00	828.00
02/19/2019	663017	JOSHUA WILSON	11153747-1	RN	STF	3	69.00	12.00	828.00
02/22/2019	663017	JOSHUA WILSON	11164264-1	RN	STF	6	69.00	11.50	793.50
02/23/2019	663017	JOSHUA WILSON	11165735-1	RN	STF	6	69.00	12.00	828.00
02/27/2019		ACA Fee							49.30
		SUBTOTAL						197.20	14,265.61

Total Hours 197.20

Direct inquiries to 1-800-676-3456, fax your corrections to 1-866-291-1511 or e-mail us at accountsreceivable@favoritestaffing.com.

Online invoice lookup available!
 Standard Terms and Conditions of Service at www.favoritestaffing.com

AMT. DUE

Invoice Amount \$14,265.61

Terms: Payment due on receipt of invoice. Finance charge at legal allowable rate applies per contract terms. This debt is presumed valid unless written notice of its disputed validity (in whole or part) is mailed within 15 days to the address below.
 Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1146330 Customer # 2908700 - Fayette Regional Hospital

Image #11166763-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/18/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:45 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.00h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/24/2019 09:29 PM

Image #11166765-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/21/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:02 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.28h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/24/2019 09:30 PM

Image #11166767-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/22/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:30 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.75h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/24/2019 09:30 PM

Image #11146391-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/17/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Bonnita Norman
Title: rn
Date Signed: 2/17/2019 06:21 PM

Images for Invoice 1146330 Customer # 2908700 - Fayette Regional Hospital

Image #11149278-1



Employee Name: Daniellie Thompson
Employee ID: 658983 Date: 2/18/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:25 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.17h

Approved: Bonnita norman
Title: rn
Date Signed: 2/18/2019 06:26 PM

Image #11152700-1



Employee Name: Daniellie Thompson
Employee ID: 658983 Date: 2/19/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:30 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.25h

Approved: Bonnita norman
Title: rn
Date Signed: 2/19/2019 06:27 PM

Image #11149877-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/18/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Brittany Thomas
Title: RN
Date Signed: 2/19/2019 05:52 AM

Image #11164266-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/22/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Aimee Herron
Title: LPN
Date Signed: 2/23/2019 05:51 AM

Images for Invoice 1146330 Customer # 2908700 - Fayette Regional Hospital

Image #11166576-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/23/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Stephanie Gough
Title: RN
Date Signed: 2/24/2019 05:46 PM

Image #11153747-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/18/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 2/20/2019 06:11 AM

Image #11164264-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/22/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:45 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 11.50h

Approved: Aimee Herron
Title: LPN
Date Signed: 2/23/2019 05:51 AM

Image #11165735-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/23/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Stephanie Gough
Title: RN
Date Signed: 2/24/2019 06:08 AM



Email to: payroll@favoritestaffing.com
 or Fax to: 1-888-870-6526 ASAP to ensure timely payment of this shift.

Facility Name: Fayette Regional Hospital	
Employee Name: Bonnita Norman	
Employee ID #: 659186	Class: RN
Shift Date: 02/17/2019	Area: PSYC Cost Center:
Shift Start Time: 5:45pm	Shift End Time: 11am
Lunch Taken: (circle one): YES NO Lunch Duration: (circle one): 15 30 45 60 90 120	
On Call: (circle one): YES NO Called In: (circle one): YES NO	
In-Charge: (circle one): YES NO	In Charge Approved By (if YES): S Gough, RN
Overtime: (circle one): YES NO	Overtime Approved By (if YES):
Overtime Hours: 	Total # of Hours Worked: 17
Shift Comments: overtime was NOT approved. Bonnita did not complete duties during the night and paced to get her work complete.	
***FACILITY SHIFT APPROVAL *** (Please read below before signing)	
<i>This portion of the timecard <u>MUST</u> be completed by an authorized representative at the above mentioned facility.</i>	
<i>*Favorite will invoice the facility for this shift based on the information provided above. By signing this form you are confirming that the information provided on this timecard is complete and accurate.*</i>	
Approvers Printed Name S Gough	Title RN
Approvers Signature X S Gough, RN	Time and Date Signed 1130 2/21/19



Email to: payroll@favoritestaffing.com
 or Fax to: 1-888-870-6526 ASAP to
 ensure timely payment of this shift.

Facility Name: Fayette Regional Hospital	
Employee Name: Bonnita Norman	
Employee ID #: 659186	Class: RN
Shift Date: 02/18/2019	Area: PSYC
Cost Center:	
Shift Start Time: 5:45am	Shift End Time: 11:30am
Lunch Taken: (circle one): YES NO	Lunch Duration: (circle one): 15 30 45 60 90 120
On Call: (circle one): YES NO	Called In: (circle one): YES NO
In-Charge: (circle one): YES NO	In Charge Approved By (if YES): <input type="text"/>
Overtime: (circle one): YES NO	Overtime Approved By (if YES): <input type="text"/>
Overtime Hours: <input type="text"/>	Total # of Hours Worked: <input type="text" value="17.5"/>
Shift Comments: overtime NOT approved. Did NOT complete nightly duties and passed around until 11:30am to complete.	
***FACILITY SHIFT APPROVAL *** (Please read below before signing)	
<i>This portion of the timecard MUST be completed by an authorized representative at the above mentioned facility.</i>	
<i>*Favorite will invoice the facility for this shift based on the information provided above. By signing this form you are confirming that the information provided on this timecard is complete and accurate.*</i>	
Approvers Printed Name S. Bough	Title RN
Approvers Signature X <i>S. Bough, RN</i>	Time and Date Signed 11:30am 2/21/19



Email to: payroll@favoritestaffing.com
 or Fax to: 1-888-870-6526 ASAP to ensure timely payment of this shift.

Facility Name: Fayette Regional Hospital	
Employee Name: Bonnita Norman	
Employee ID #: 659186	Class: RN
Shift Date: 02/19/2019	Area: PSYC
Cost Center:	
Shift Start Time: 5:45pm	Shift End Time: 10:00am
Lunch Taken: (circle one) YES NO	
Lunch Duration: (circle one): 15 30 45 60 90 120	
On Call: (circle one) YES NO	
Called In: (circle one) YES NO	
In-Charge: (circle one) YES NO	In Charge Approved By (if YES):
Overtime: (circle one) YES NO	Overtime Approved By (if YES):
Overtime Hours:	Total # of Hours Worked:
Shift Comments: overtime approved. There was a call in and Bonnita stayed until there was coverage.	

*****FACILITY SHIFT APPROVAL *** (Please read below before signing)**

This portion of the timecard MUST be completed by an authorized representative at the above mentioned facility.

Favorite will invoice the facility for this shift based on the information provided above. By signing this form you are confirming that the information provided on this timecard is complete and accurate.

Approvers Printed Name	Title
Stough	RN
X	
Approvers Signature	Time and Date Signed
Stough, RN	1130 2/21/19



INVOICE

ORIGINAL



SHIFT CODES	
Weekday	Weekend
1 Day Shift	4 Day Shift
2 Evening Shift	5 Evening Shift
3 Nights	6 Nights
H-Holiday	O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1149571
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	3/15/2019
Billing Date:	3/22/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
03/11/2019	608034	KELLY ROBERTS	11253688-1	RN	STF	1	69.00	12.72	877.68
03/12/2019	608034	KELLY ROBERTS	11253690-1	RN	STF	1	69.00	13.50	931.50
03/16/2019	608034	KELLY ROBERTS	11253692-1	RN	STF	4	69.00	12.50	862.50
03/10/2019	662499	PETER MOORE	11227118-1	RN	STF	6	69.00	12.00	828.00
03/12/2019	662499	PETER MOORE	11235872-1	RN	MSCH	3	69.00	12.00	828.00
03/13/2019	662499	PETER MOORE	11240384-1	RN	MSCH	3	69.00	12.67	874.23
03/11/2019	663017	JOSHUA WILSON	11231984-1	RN	STF	3	69.00	12.00	828.00
03/12/2019	663017	JOSHUA WILSON	11235868-1	RN	STF	3	69.00	12.00	828.00
03/15/2019	663017	JOSHUA WILSON	11250890-1	RN	STF	6	69.00	12.00	828.00
03/20/2019		ACA Fee							27.85
SUBTOTAL								111.39	7,713.76
Total Hours								111.39	

Direct inquiries to 1-800-676-3456, fax your corrections to 1-866-291-1511 or e-mail us at accountsreceivable@favoritestaffing.com.

Online invoice lookup available!
Standard Terms and Conditions of Service at www.favoritestaffing.com

AMT. DUE

Invoice Amount
\$7,713.76

Terms: Payment due on receipt of invoice. Finance charge at legal allowable rate applies per contract terms. This debt is presumed valid unless written notice of its disputed validity (in whole or part) is mailed within 15 days to the address below.
Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1149571 Customer # 2908700 - Fayette Regional Hospital

Image #11253688-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/11/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:28 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.72h

Approved: Brittney Buckles
Title: lpn
Date Signed: 3/16/2019 08:34 PM

Brittney Buckles

Image #11253690-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/12/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:15 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.50h

Approved: Aimee Herron
Title: Lpn
Date Signed: 3/16/2019 08:35 PM

Aimee Herron

Image #11253692-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/16/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Aimee Herron
Title: Lpn
Date Signed: 3/16/2019 08:36 PM

Aimee Herron

Image #11227118-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/10/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: brittany thomas
Title: RN
Date Signed: 3/11/2019 05:44 AM

BThomas, RN

Images for Invoice 1149571 Customer # 2908700 - Fayette Regional Hospital

Image #11235872-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/12/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: Yes Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: Rn
Date Signed: 3/13/2019 06:09 AM

Image #11240384-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/13/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:25 AM
In-Charge: Yes Meal: 0m
Cost Center: Hours: 12.67h

Approved: Stephanie Gough
Title: RN
Date Signed: 3/14/2019 06:20 AM

Image #11231984-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/11/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Kelly Roberts
Title: RN
Date Signed: 3/12/2019 05:59 AM

Image #11235868-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/12/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Stephanie Gough
Title: RN
Date Signed: 3/13/2019 05:57 AM

Images for Invoice 1149571 Customer # 2908700 - Fayette Regional Hospital

Image #11250890-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/15/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 3/16/2019 05:53 AM

A handwritten signature in black ink, appearing to read "Courtney Rhodabarger".





INVOICE

ORIGINAL



SHIFT CODES	
Weekday	Weekend
1. Day Shift	4. Day Shift
2. Evening Shift	5. Evening Shift
3. Nights	6. Nights
H-Holiday	O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1147420
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	3/1/2019
Billing Date:	3/8/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
02/25/2019	608034	KELLY ROBERTS	11195634-1	RN	STF	1	69.00	13.00	897.00
02/26/2019	608034	KELLY ROBERTS	11195637-1	RN	STF	1	69.00	13.27	915.63
03/02/2019	608034	KELLY ROBERTS	11195659-1	RN	STF	4	69.00	12.50	862.50
02/24/2019	662499	PETER MOORE	11167144-1	RN	STF	6	69.00	12.50	862.50
02/26/2019	662499	PETER MOORE	11175542-1	RN	MSCH	3	69.00	12.50	862.50
02/27/2019	662499	PETER MOORE	11201063-1	RN	STF	3	69.00	12.50	862.50
02/27/2019	663017	JOSHUA WILSON	11178825-1	RN	STF	3	69.00	12.00	828.00
02/28/2019	663017	JOSHUA WILSON	11182133-1	RN	SPEC	3	69.00	12.00	828.00
03/02/2019	663017	JOSHUA WILSON	11191288-1	RN	MSCH	6	74.00	12.00	888.00
03/06/2019		ACA Fee							28.07
SUBTOTAL								112.27	7,834.70
Total Hours								112.27	

Direct inquiries to 1-800-676-3456, fax your corrections to 1-866-291-1511 or e-mail us at accountsreceivable@favoritestaffing.com.

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AMT. DUE

Invoice Amount \$7,834.70

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Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1147420 Customer # 2908700 - Fayette Regional Hospital

Image #11195634-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/25/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:45 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.00h

Approved: Aimee Herron
Title: Lpn
Date Signed: 3/4/2019 07:13 AM

Image #11195637-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/26/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:01 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.27h

Approved: Aimee Herron
Title: Lpn
Date Signed: 3/4/2019 07:20 AM

Image #11195659-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/2/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Brittney Buckles
Title: lpn
Date Signed: 3/4/2019 07:36 AM

Image #11167144-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/24/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Brittany Thomas
Title: RN
Date Signed: 2/25/2019 05:57 AM

Images for Invoice 1147420 Customer # 2908700 - Fayette Regional Hospital

Image #11175542-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/26/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: Yes Meal: 0m
Cost Center: Hours: 12.50h

Approved: Michelle Blakes
Title: RN
Date Signed: 2/27/2019 06:09 AM

Image #11201063-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/27/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Brittany Thomas
Title: RN
Date Signed: 3/4/2019 05:58 PM

Image #11178825-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/27/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Michelle Lakes
Title: RN
Date Signed: 2/28/2019 06:02 AM

Image #11182133-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/28/2019
Class: RN Time In: 5:45 PM
Area: SUPV Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Stephanie Gough
Title: RN
Date Signed: 3/1/2019 06:02 AM

Images for Invoice 1147420 Customer # 2908700 - Fayette Regional Hospital

Image #11191288-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/2/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 3/3/2019 06:11 AM

A handwritten signature in black ink, appearing to read "Courtney Rhodabarger".



INVOICE

ORIGINAL



SHIFT CODES	
Weekday	Weekend
1. Day Shift	4. Day Shift
2. Evening Shift	5. Evening Shift
3. Nights	6. Nights
H-Holiday	O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1148487
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	3/8/2019
Billing Date:	3/15/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
03/03/2019	608034	KELLY ROBERTS	11231416-1	RN	STF	4	69.00	12.73	878.37
03/04/2019	608034	KELLY ROBERTS	11231398-1	RN	STF	1	69.00	12.75	879.75
03/07/2019	608034	KELLY ROBERTS	11231406-1	RN	STF	1	69.00	12.97	894.93
03/04/2019	662499	PETER MOORE	11201770-1	RN	MSCH	3	69.00	12.50	862.50
03/05/2019	662499	PETER MOORE	11207513-1	RN	STF	3	69.00	12.50	862.50
03/06/2019	662499	PETER MOORE	11211853-1	RN	MSCH	3	69.00	12.00	828.00
03/09/2019	662499	PETER MOORE	11224142-1	RN	MSCH	6	69.00	3.00	207.00
03/09/2019	662499	PETER MOORE	11224142-1	RN	MSCH	6	103.50O	9.50	983.25
03/03/2019	663017	JOSHUA WILSON	11195495-1	RN	MSCH	6	69.00	12.00	828.00
03/05/2019	663017	JOSHUA WILSON	11207505-1	RN	STF	3	69.00	12.00	828.00
03/08/2019	663017	JOSHUA WILSON	11220167-1	RN	STF	6	69.00	12.00	828.00
03/13/2019		ACA Fee							30.99
		SUBTOTAL						123.95	8,911.29
								Total Hours	123.95

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AMT. DUE

Invoice Amount
\$8,911.29

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Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1148487 Customer # 2908700 - Fayette Regional Hospital

Image #11231416-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/3/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:29 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.73h

Approved: Brittney Buckles
Title: lpn
Date Signed: 3/11/2019 08:12 PM

Image #11231398-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/4/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:30 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.75h

Approved: Brittney Buckles
Title: lpn
Date Signed: 3/11/2019 08:08 PM

Image #11231406-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 3/7/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:43 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.97h

Approved: Brittney Buckles
Title: lpn
Date Signed: 3/11/2019 08:10 PM

Image #11201770-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/4/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: Yes Meal: 0m
Cost Center: Hours: 12.50h

Approved: Brittany Thomas
Title: RN
Date Signed: 3/5/2019 05:57 AM

Images for Invoice 1148487 Customer # 2908700 - Fayette Regional Hospital

Image #11207513-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/5/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Janet Suttles
Title: Rn
Date Signed: 3/6/2019 06:14 AM

Image #11211853-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/6/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: Yes Meal: 30m
Cost Center: Hours: 12.00h

Approved: Stephanie Gough
Title: RN
Date Signed: 3/7/2019 06:03 AM

Image #11224142-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 3/9/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: Yes Meal: 0m
Cost Center: Hours: 12.50h

Approved: Jennifer Phillips
Title: RN
Date Signed: 3/10/2019 05:53 AM

Image #11195495-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/3/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Kelly Roberts
Title: RN
Date Signed: 3/4/2019 05:52 AM

Images for Invoice 1148487 Customer # 2908700 - Fayette Regional Hospital

Image #11207505-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/5/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Krsta Snider
Title: LPN
Date Signed: 3/6/2019 05:54 AM

Image #11220167-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 3/8/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Michelle Lakes
Title: RN
Date Signed: 3/9/2019 05:57 AM



INVOICE
ORIGINAL



SHIFT CODES
Weekday Weekend
1. Day Shift 4. Day Shift
2. Evening Shift 5. Evening Shift
3. Nights 6. Nights
II-Holiday O-Overtime

Invoice #	1143097
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	2/1/2019
Billing Date:	2/8/2019

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES	
(00) Fayette Regional Hospital										
01/28/2019	608034	KELLY ROBERTS	11062826-1	RN	STF	1	69.00	13.00	897.00	
02/01/2019	608034	KELLY ROBERTS	11080421-1	RN	STF	1	69.00	12.75	879.75	
02/02/2019	608034	KELLY ROBERTS	11090917-1	RN	STF	4	69.00	12.75	879.75	
01/29/2019	658983	DANIELLE THOMPSON	11065684-1	RN	STF	1	72.00	14.25	1,026.00	
01/30/2019	658983	DANIELLE THOMPSON	11068486-1	RN	STF	1	72.00	12.17	876.24	
02/02/2019	658983	DANIELLE THOMPSON	11084946-1	RN	STF	4	72.00	12.00	864.00	
01/27/2019	659186	BONNITA NORMAN	11059945-1	RN	STF	6	72.00	12.00	864.00	
01/30/2019	659186	BONNITA NORMAN	11069123-1	RN	STF	3	72.00	12.00	864.00	
01/31/2019	659186	BONNITA NORMAN	11072841-1	RN	STF	3	72.00	12.00	864.00	
01/27/2019	662499	PETER MOORE	11059943-1	RN	STF	6	69.00	12.00	828.00	
01/29/2019	662499	PETER MOORE	11066121-1	RN	STF	3	69.00	12.00	828.00	
01/30/2019	662499	PETER MOORE	11069109-1	RN	MSCH	3	69.00	12.00	828.00	
01/30/2019	663017	JOSHUA WILSON	11069103-1	RN	STF	3	69.00	12.00	828.00	
01/31/2019	663017	JOSHUA WILSON	11072237-1	RN	SPEC	3	69.00	12.00	828.00	
02/02/2019	663017	JOSHUA WILSON	11085394-1	RN	STF	6	69.00	12.00	828.00	
02/06/2019		ACA Fee							46.23	
		SUBTOTAL						184.92	13,028.97	
Total Hours								184.92		

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AMT. DUE

Invoice Amount
\$13,028.97

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Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1143097 Customer # 2908700 - Fayette Regional Hospital

Image #11062826-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 1/28/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:45 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.00h

Approved: nicole williams
Title: RN
Date Signed: 1/28/2019 10:39 PM

Image #11080421-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/1/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:30 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.75h

Approved: Jennifer Mullins
Title: RN
Date Signed: 2/1/2019 05:57 PM

Image #11090917-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/2/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:30 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.75h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/4/2019 11:01 AM

Image #11065684-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 1/29/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 8:30 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 14.25h

Approved: Nicole Williams
Title: RN
Date Signed: 1/29/2019 08:28 PM

Images for Invoice 1143097 Customer # 2908700 - Fayette Regional Hospital

Image #11068486-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 1/30/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:25 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.17h

Approved: Bonnita Norman
Title: RN
Date Signed: 1/30/2019 06:23 PM

Image #11084946-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/2/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Nicole Williams
Title: RN
Date Signed: 2/2/2019 06:11 PM

Image #11059945-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 1/27/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Kelly Roberts
Title: RN
Date Signed: 1/28/2019 06:23 AM

Image #11069123-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 1/30/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: RN
Date Signed: 1/31/2019 06:32 AM

Images for Invoice 1143097 Customer # 2908700 - Fayette Regional Hospital

Image #11072841-1



Employee Name: **Bonnila Norman**
Employee ID: **659186** Date: **1/31/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **30m**
Cost Center: Hours: **12.00h**

Approved: **Janet Suttles**
Title: **RN**
Date Signed: **2/1/2019 10:37 AM**

A handwritten signature in black ink, appearing to read "Janet Suttles".

Image #11059943-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **1/27/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **30m**
Cost Center: Hours: **12.00h**

Approved: **melissa wells**
Title: **RN**
Date Signed: **1/28/2019 06:19 AM**

A handwritten signature in black ink, appearing to read "Melissa Wells".

Image #11066121-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **1/29/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **30m**
Cost Center: Hours: **12.00h**

Approved: **Courtney Rhodabarger**
Title: **RN**
Date Signed: **1/30/2019 06:02 AM**

A handwritten signature in black ink, appearing to read "Courtney Rhodabarger".

Image #11069109-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **1/30/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **30m**
Cost Center: Hours: **12.00h**

Approved: **Courtney Rhodabarger**
Title: **RN**
Date Signed: **1/31/2019 05:58 AM**

A handwritten signature in black ink, appearing to read "Courtney Rhodabarger".

Images for Invoice 1143097 Customer # 2908700 - Fayette Regional Hospital

Image #11069103-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 1/30/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 1/31/2019 05:53 AM

Image #11072237-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 1/31/2019
Class: RN Time In: 5:45 PM
Area: SUPV Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Krista Snider
Title: LPN
Date Signed: 2/1/2019 05:59 AM

Image #11085394-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/2/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Arnee Herron
Title: LPN
Date Signed: 2/3/2019 05:52 AM



INVOICE

ORIGINAL



SHIFT CODES	
Weekday	Weekend
1. Day Shift	4. Day Shift
2. Evening Shift	5. Evening Shift
3. Nights	6. Nights
H-Holiday	O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1145263
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	2/15/2019
Billing Date:	2/22/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
01/20/2019	608034	KELLY ROBERTS	Adj	RN	STF	4	74.00	0.00	63.75
		Comments: Worked as charge and wasn't billed charge rates							
01/21/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	60.00
		Comments: Worked as charge and wasn't billed charge rates							
01/25/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	65.00
		Comments: Worked as charge and wasn't billed charge rates							
01/28/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	65.00
		Comments: Worked as charge and wasn't billed charge rates							
02/01/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	63.75
		Comments: Worked as charge and wasn't billed charge rates							
02/02/2019	608034	KELLY ROBERTS	Adj	RN	STF	4	74.00	0.00	63.75
		Comments: Worked as charge and wasn't billed charge rates							
02/03/2019	608034	KELLY ROBERTS	Adj	RN	STF	4	74.00	0.00	62.50
		Comments: Worked as charge and wasn't billed charge rates							
02/06/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	60.00
		Comments: Worked as charge and wasn't billed charge rates							
02/08/2019	608034	KELLY ROBERTS	Adj	RN	STF	1	74.00	0.00	62.50
		Comments: Worked as charge and wasn't billed charge rates							
02/12/2019	608034	KELLY ROBERTS	11145104-1	RN	MSCH	1	69.00	12.77	881.13
02/14/2019	608034	KELLY ROBERTS	11145106-1	RN	MSCH	1	69.00	13.25	914.25
02/16/2019	608034	KELLY ROBERTS	11145149-1	RN	MSCH	4	69.00	12.50	862.50
02/11/2019	658983	DANIELLE THOMPSON	11127656-1	RN	STF	1	72.00	12.17	876.24
02/15/2019	658983	DANIELLE THOMPSON	11143698-1	RN	STF	1	72.00	6.25	450.00
02/16/2019	658983	DANIELLE THOMPSON	11145272-1	RN	STF	4	72.00	14.50	1,044.00
02/10/2019	659186	BONNITA NORMAN	11124005-1	RN	STF	6	72.00	12.00	864.00
02/13/2019	659186	BONNITA NORMAN	11136594-1	RN	STF	3	72.00	12.00	864.00
02/14/2019	659186	BONNITA NORMAN	11140208-1	RN	STF	3	72.00	12.00	864.00

CONTINUED



INVOICE
ORIGINAL



SHIFT CODES
Weekday Weekend
1. Day Shift 4. Day Shift
2. Evening Shift 5. Evening Shift
3. Nights 6. Nights
H-Holiday O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1145263
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	2/15/2019
Billing Date:	2/22/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
02/10/2019	662499	PETER MOORE	11123999-1	RN	STF	6	69.00	12.67	874.23
02/12/2019	662499	PETER MOORE	11131701-1	RN	MSCH	3	69.00	12.50	862.50
02/13/2019	662499	PETER MOORE	11136565-1	RN	STF	3	69.00	12.50	862.50
02/12/2019	663017	JOSHUA WILSON	11131699-1	RN	MSCH	3	69.00	12.00	828.00
02/13/2019	663017	JOSHUA WILSON	11136567-1	RN	MSCH	3	69.00	12.00	828.00
02/16/2019	663017	JOSHUA WILSON	11145609-1	RN	SPCG	6	69.00	12.00	828.00
02/20/2019		ACA Fee							45.28
		SUBTOTAL						181.11	13,314.88

Total Hours 181.11

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AMT. DUE

Invoice Amount \$13,314.88

Terms: Payment due on receipt of invoice. Finance charge at legal allowable rate applies per contract terms. This debt is presumed valid unless written notice of its disputed validity (in whole or part) is mailed within 15 days to the address below
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Images for Invoice 1145263 Customer # 2908700 - Fayette Regional Hospital

Image #11145104-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/12/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:31 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.77h

Approved: nicole williams
Title: RN
Date Signed: 2/16/2019 04:39 PM

Image #11145106-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/14/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:00 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.25h

Approved: nicole williams
Title: RN
Date Signed: 2/16/2019 04:41 PM

Image #11145149-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/16/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/16/2019 05:44 PM

Image #11127656-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/11/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:25 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.17h

Approved: Nicole Williams
Title: RN
Date Signed: 2/11/2019 06:23 PM

Images for Invoice 1145263 Customer # 2908700 - Fayette Regional Hospital

Image #11143698-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/15/2019
Class: RN Time In: 11:30 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 6.25h

Approved: Jamie Wyatt
Title: RN
Date Signed: 2/15/2019 06:13 PM

Image #11145272-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/16/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 8:45 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 14.50h

Approved: Nicole Williams
Title: RN
Date Signed: 2/16/2019 08:41 PM

Image #11124005-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 2/10/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Danielle Thompson
Title: RN
Date Signed: 2/11/2019 06:28 AM

Image #11136594-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 2/13/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Kelly Roberts
Title: RN
Date Signed: 2/14/2019 06:38 AM

Images for Invoice 1145263 Customer # 2908700 - Fayette Regional Hospital

Image #11140208-1



Employee Name: **Bonnita Norman**
Employee ID: **659186** Date: **2/14/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **30m**
Cost Center: Hours: **12.00h**

Approved: **Michelle Lakes**
Title: **RN**
Date Signed: **2/15/2019 06:37 AM**

Image #11123999-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **2/10/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:25 AM**
In-Charge: **No** Meal: **0m**
Cost Center: Hours: **12.67h**

Approved: **Jamie Wyatt**
Title: **RN**
Date Signed: **2/11/2019 06:26 AM**

Image #11131701-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **2/12/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **Yes** Meal: **0m**
Cost Center: Hours: **12.50h**

Approved: **Courtney Rhodabarger**
Title: **RN**
Date Signed: **2/13/2019 06:09 AM**

Image #11136565-1



Employee Name: **Peter Moore**
Employee ID: **662499** Date: **2/13/2019**
Class: **RN** Time In: **5:45 PM**
Area: **PSYC** Time Out: **6:15 AM**
In-Charge: **No** Meal: **0m**
Cost Center: Hours: **12.50h**

Approved: **Josh Wilson**
Title: **RN**
Date Signed: **2/14/2019 06:01 AM**

Images for Invoice 1145263 Customer # 2908700 - Fayette Regional Hospital

Image #11131699-1



Employee Name Josh Wilson
Employee ID: 663017 Date: 2/12/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 2/13/2019 06:03 AM

Courtney Rhodabarger

Image #11136567-1



Employee Name Josh Wilson
Employee ID: 663017 Date: 2/13/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Britany Thomas
Title: RN
Date Signed: 2/14/2019 06:03 AM

Britany Thomas, RN

Image #11145609-1



Employee Name Josh Wilson
Employee ID: 663017 Date: 2/16/2019
Class: RN Time In: 5:45 PM
Area: SUPV Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 2/17/2019 05:50 AM

Courtney Rhodabarger



INVOICE

ORIGINAL



SHIFT CODES
 Weekday Weekend
 1. Day Shift 4. Day Shift
 2. Evening Shift 5. Evening Shift
 3. Nights 6. Nights
 H-Holiday O-Overtime

Invoice #	1142010
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	1/25/2019
Billing Date:	2/1/2019

Fayette Regional Hospital
 Accounts Payable
 1941 Virginia Avenue
 Connersville, IN 47331

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
01/20/2019	289864	BOBBI FITZ	11042613-1	RN	STF	6	72.00	12.00	864.00
01/23/2019	289864	BOBBI FITZ	11051527-1	RN	STF	3	72.00	12.00	864.00
01/24/2019	289864	BOBBI FITZ	11054492-1	RN	STF	3	72.00	12.00	864.00
01/20/2019	608034	KELLY ROBERTS	11044777-1	RN	STF	4	69.00	12.75	879.75
01/21/2019	608034	KELLY ROBERTS	11044786-1	RN	STF	1	69.00	12.00	828.00
01/25/2019	608034	KELLY ROBERTS	11057055-1	RN	STF	1	69.00	13.00	897.00
01/20/2019	658983	DANIELLE THOMPSON	11042131-1	RN	STF	4	72.00	12.08	869.76
01/21/2019	658983	DANIELLE THOMPSON	11044798-1	RN	STF	1	72.00	12.00	864.00
01/24/2019	658983	DANIELLE THOMPSON	11053995-1	RN	STF	1	72.00	13.00	936.00
01/21/2019	659186	BONNITA NORMAN	11048912-1	RN	STF	3	72.00	12.00	864.00
01/24/2019	659186	BONNITA NORMAN	11058892-1	RN	STF	3	72.00	11.50	828.00
01/26/2019	659186	BONNITA NORMAN	11058900-1	RN	STF	6	72.00	12.00	864.00
01/21/2019	662499	PETER MOORE	11045425-1	RN	STF	3	69.00	12.33	850.77
01/25/2019	662499	PETER MOORE	11057703-1	RN	STF	6	69.00	12.00	828.00
01/26/2019	662499	PETER MOORE	11058890-1	RN	STF	6	69.00	12.00	828.00
01/20/2019	663017	JOSHUA WILSON	11042603-1	RN	STF	6	69.00	12.00	828.00
01/21/2019	663017	JOSHUA WILSON	11045407-1	RN	STF	3	69.00	12.00	828.00
01/24/2019	663017	JOSHUA WILSON	11054502-1	RN	STF	3	69.00	12.00	828.00
01/30/2019		ACA Fee							54.67
		SUBTOTAL						218.66	15,467.95
Total Hours								218.66	

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AMT. DUE

Invoice Amount \$15,467.95

Terms: Payment due on receipt of invoice. Finance charge at legal allowable rate applies per contract terms. This debt is presumed valid unless written notice of its disputed validity (in whole or part) is mailed within 15 days to the address below.
 Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1142010 Customer # 2908700 - Fayette Regional Hospital

Image #11042613-1



Employee Name: Bobbi Fitz
Employee ID: 289864
Class: RN
Area: PSYC
In-Charge: No
Cost Center:
Date: 1/20/2019
Time In: 5:45 PM
Time Out: 6:15 AM
Meal: 30m
Hours: 12.00h

Approved: Danielle Thompson
Title: Rn
Date Signed: 1/21/2019 06:12 AM

Image #11051527-1



Employee Name: Bobbi Fitz
Employee ID: 289864
Class: RN
Area: PSYC
In-Charge: No
Cost Center:
Date: 1/23/2019
Time In: 5:45 PM
Time Out: 6:15 AM
Meal: 30m
Hours: 12.00h

Approved: Danielle Thompson
Title: Rn
Date Signed: 1/24/2019 05:03 AM

Image #11054492-1



Employee Name: Bobbi Fitz
Employee ID: 289864
Class: RN
Area: PSYC
In-Charge: No
Cost Center:
Date: 1/24/2019
Time In: 5:45 PM
Time Out: 6:15 AM
Meal: 30m
Hours: 12.00h

Approved: Bonita Norman
Title: Rn
Date Signed: 1/25/2019 05:47 AM

Image #11044777-1



Employee Name: Kelly Roberts
Employee ID: 608034
Class: RN
Area: PSYC
In-Charge: No
Cost Center:
Date: 1/20/2019
Time In: 5:45 AM
Time Out: 6:30 PM
Meal: 0m
Hours: 12.75h

Approved: Josh Wilson
Title: rn
Date Signed: 1/21/2019 05:54 PM

Images for Invoice 1142010 Customer # 2908700 - Fayette Regional Hospital

Image #11044786-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 1/21/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: josh wilson
Title: rn
Date Signed: 1/21/2019 05:56 PM

Image #11057055-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 1/25/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:45 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 13.00h

Approved: nicole williams
Title: RN
Date Signed: 1/25/2019 06:40 PM

Image #11042131-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 1/20/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:20 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.08h

Approved: Nicole Williams
Title: RN
Date Signed: 1/20/2019 06:17 PM

Image #11044798-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 1/21/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Nicole Williams
Title: RN
Date Signed: 1/21/2019 06:04 PM

Images for Invoice 1142010 Customer # 2908700 - Fayette Regional Hospital

Image #11053995-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 1/24/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 13.00h

Approved: bobbi fitz
Title: rn
Date Signed: 1/24/2019 07:10 PM

Image #11048912-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 1/21/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: RN
Date Signed: 1/23/2019 06:22 AM

Image #11058892-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 1/24/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 5:45 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 11.50h

Approved: Janet Suttles
Title: RN
Date Signed: 1/27/2019 06:10 AM

Image #11058900-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 1/26/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: RN
Date Signed: 1/27/2019 06:26 AM

Images for Invoice 1142010 Customer # 2908700 - Fayette Regional Hospital

Image #11045425-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 1/21/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:35 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.33h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 1/22/2019 06:35 AM

Image #11057703-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 1/25/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: jamie wyatt
Title: RN
Date Signed: 1/26/2019 05:57 AM

Image #11058890-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 1/26/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: jamie wyatt
Title: RN
Date Signed: 1/27/2019 06:02 AM

Image #11042603-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 1/20/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Jennifer Mullin
Title: RN
Date Signed: 1/21/2019 05:48 AM

Images for Invoice 1142010 Customer # 2908700 - Fayette Regional Hospital

Image #11045407-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 1/21/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 1/22/2019 06:02 AM

Image #11054502-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 1/24/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Jamie Wyatt
Title: RN
Date Signed: 1/25/2019 05:59 AM



INVOICE

ORIGINAL



SHIFT CODES	
Weekday	Weekend
1. Day Shift	4. Day Shift
2. Evening Shift	5. Evening Shift
3. Nights	6. Nights
11-Holiday	O-Overtime

Fayette Regional Hospital
Accounts Payable
1941 Virginia Avenue
Connersville, IN 47331

Invoice #	1144198
Account #	2908700
Purchase Order #	
Pay Period Ending Date:	2/8/2019
Billing Date:	2/15/2019

SERVICE DATE	EMPLOYEE NUMBER	EMPLOYEE NAME	IMAGE NUMBER	CLASS	AREA	SHIFT	RATE	HOURS	CHARGES
(00) Fayette Regional Hospital									
02/03/2019	608034	KELLY ROBERTS	11090921-1	RN	STF	4	69.00	12.50	862.50
02/06/2019	608034	KELLY ROBERTS	11107121-1	RN	STF	1	69.00	12.00	828.00
02/08/2019	608034	KELLY ROBERTS	11127331-1	RN	STF	1	69.00	12.50	862.50
02/03/2019	658983	DANIELLE THOMPSON	11089755-1	RN	STF	4	72.00	12.92	930.24
02/06/2019	658983	DANIELLE THOMPSON	11107139-1	RN	STF	1	72.00	12.08	869.76
02/07/2019	658983	DANIELLE THOMPSON	11110441-1	RN	STF	1	72.00	13.25	954.00
02/03/2019	659186	BONNITA NORMAN	11097175-1	RN	STF	6	72.00	12.00	864.00
02/04/2019	659186	BONNITA NORMAN	11097171-1	RN	STF	3	72.00	12.00	864.00
02/09/2019	659186	BONNITA NORMAN	11124001-1	RN	STF	6	72.00	12.00	864.00
02/05/2019	662499	PETER MOORE	11103643-1	RN	STF	3	69.00	12.50	862.50
02/06/2019	662499	PETER MOORE	11107817-1	RN	STF	3	69.00	12.50	862.50
02/09/2019	662499	PETER MOORE	11120400-1	RN	STF	6	69.00	12.00	828.00
02/03/2019	663017	JOSHUA WILSON	11090247-1	RN	STF	6	69.00	12.00	828.00
02/04/2019	663017	JOSHUA WILSON	11097165-1	RN	STF	3	69.00	12.00	828.00
02/08/2019	663017	JOSHUA WILSON	11115969-1	RN	STF	6	69.00	12.00	828.00
02/13/2019		ACA Fee							46.06
		SUBTOTAL						184.25	12,982.06
								Total Hours	184.25

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AMT. DUE

Invoice Amount
\$12,982.06

Terms: Payment due on receipt of invoice. Finance charge at legal allowable rate applies per contract terms. This debt is presumed valid unless written notice of its disputed validity (in whole or part) is mailed within 15 days to the address below.
Favorite Healthcare Staffing, Inc. Attn: Accounts Receivable Department, 7255 West 98TH Terrace, Suite 150 Overland Park, Kansas 66212

Images for Invoice 1144198 Customer # 2908700 - Fayette Regional Hospital

Image #11090921-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/3/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Aimee Herron
Title: Lpn
Date Signed: 2/4/2019 11:01 AM

Image #11107121-1



Employee Name: Kelly Roberts
Employee ID: 608034 Date: 2/6/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:15 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: courtney rhodabarger
Title: RN
Date Signed: 2/6/2019 06:01 PM

Image #11089755-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/3/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:10 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.92h

Approved: Bonnita Norman
Title: RN
Date Signed: 2/3/2019 07:05 PM

Image #11107139-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/6/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 6:20 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.08h

Approved: Nicole Williams
Title: RN
Date Signed: 2/6/2019 06:19 PM

Images for Invoice 1144198 Customer # 2908700 - Fayette Regional Hospital

Image #11110441-1



Employee Name: Danielle Thompson
Employee ID: 658983 Date: 2/7/2019
Class: RN Time In: 5:45 AM
Area: PSYC Time Out: 7:30 PM
In-Charge: No Meal: 30m
Cost Center: Hours: 13.25h

Approved: Nicole Williams
Title: RN
Date Signed: 2/7/2019 07:22 PM

Handwritten signature of Nicole Williams in black ink.

Image #11097175-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 2/3/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: RN
Date Signed: 2/5/2019 06:16 AM

Handwritten signature of Janet Suttles in black ink.

Image #11097171-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 2/4/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Janet Suttles
Title: RN
Date Signed: 2/5/2019 06:11 AM

Handwritten signature of Janet Suttles in black ink.

Image #11124001-1



Employee Name: Bonnita Norman
Employee ID: 659186 Date: 2/9/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: nicole williams
Title: RN
Date Signed: 2/11/2019 06:27 AM

Handwritten signature of Nicole Williams in black ink.

Images for Invoice 1144198 Customer # 2908700 - Fayette Regional Hospital

Image #11103643-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/5/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Brittany Thomas
Title: RN
Date Signed: 2/6/2019 06:00 AM

Image #11107817-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/6/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 0m
Cost Center: Hours: 12.50h

Approved: Jennifer Mullin
Title: RN
Date Signed: 2/7/2019 05:56 AM

Image #11120400-1



Employee Name: Peter Moore
Employee ID: 662499 Date: 2/9/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: krista snider
Title: Lpn
Date Signed: 2/10/2019 06:01 AM

Image #11090247-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/3/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 2/4/2019 05:55 AM

Images for Invoice 1144198 Customer # 2908700 - Fayette Regional Hospital

Image #11097165-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/4/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Courtney Rhodabarger
Title: RN
Date Signed: 2/5/2019 05:58 AM

A handwritten signature in black ink, appearing to read "Courtney Rhodabarger".

Image #11115969-1



Employee Name: Josh Wilson
Employee ID: 663017 Date: 2/8/2019
Class: RN Time In: 5:45 PM
Area: PSYC Time Out: 6:15 AM
In-Charge: No Meal: 30m
Cost Center: Hours: 12.00h

Approved: Krsta Smder
Title: LPN
Date Signed: 2/9/2019 05:54 AM

A handwritten signature in black ink, appearing to read "Krsta Smder".



Email to: pavroll@favoritestaffing.com
 or Fax to: 1-888-870-6526 ASAP to ensure timely payment of this shift.

Facility Name: Fayette Regional Hospital	
Employee Name: Kelly Roberts	
Employee ID #: 608034 Class:	
Shift Date: 02/08/2019	Area: Cost Center:
Shift Start Time: 0545	Shift End Time: 1815
Lunch Taken: (circle one): YES <input checked="" type="radio"/> NO Lunch Duration: (circle one): 15 30 45 60 90 120	
On Call: (circle one): YES <input checked="" type="radio"/> NO Called In: (circle one): YES <input checked="" type="radio"/> NO	
In-Charge: (circle one): YES <input type="radio"/> NO	In Charge Approved By (if YES): <input type="text"/>
Overtime: (circle one): YES <input checked="" type="radio"/> NO	Overtime Approved By (if YES): <input type="text"/>
Overtime Hours: <input type="text"/>	Total # of Hours Worked: 12.5
Shift Comments:	

*****FACILITY SHIFT APPROVAL *** (Please read below before signing)**

*This portion of the timecard **MUST** be completed by an authorized representative at the above mentioned facility.*

Favorite will invoice the facility for this shift based on the information provided above. By signing this form you are confirming that the information provided on this timecard is complete and accurate.

Jennifer Fitzwater	Team Leader
Approvers Printed Name	Title
X	2-11-19 / 1555
Approvers Signature	Time and Date Signed