

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Indiana, Indianapolis Division

Case number 18-07762-JJG-11

E-Filed on 04/02/2020
Claim # 259

Modified Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	
<u>RN Network</u> Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor <u>CHG Healthcare</u>	
2. Has this claim been acquired from someone else?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?
	Where should payments to the creditor be sent? (if different)
	<u>RN Network</u> Name <u>7259 S Bingham Junction Blvd.</u> Number Street <u>Midvale</u> <u>UT</u> <u>84047</u> City State ZIP Code Contact phone <u>(801) 930-3838</u> Contact email <u>steve.riding@chghealthcare.com</u>
	 Name Number Street City State ZIP Code Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>75</u>	
Filed on <u>01/15/2019</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9 0 8 9

7. How much is the claim? \$ 47,487.50. Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
- Services Performed

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: _____
- Basis for perfection:** _____
- Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ _____
- Amount of the claim that is secured:** \$ _____
- Amount of the claim that is unsecured:** \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ _____
- Annual Interest Rate** (when case was filed) _____ %
- ☐ Fixed
- ☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ 0.00

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ 0.00

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 0.00

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 0.00

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 0.00

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ 0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/02/2020
MM / DD / YYYY

Steve R. Riding
Signature

Print the name of the person who is completing and signing this claim:

Name Steve R. Riding
First name Middle name Last name

Title Manager Client Receivables

Company CHG Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address
Number Street

City State ZIP Code

Contact phone Email

Attachment 1 - Amended Claim No. 75 (RN Network).pdf

Description -

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.

Debtor 2 Fayette Regional Health System
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762-JJG-11

Official Form 410**Proof of Claim****04/19**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>RN Network</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> Other names the creditor used with the debtor <u>GHC Healthcare</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>RN Network</u> <small>Name</small> <u>7259 S Bingham Junction Blvd</u> <small>Number Street</small> <u>Midvale</u> <u>UT</u> <u>84047</u> <small>City State ZIP Code</small> <small>Contact phone</small> <u>801-930-3838</u> <small>Contact email</small> <u>steve.riding@chghealthcare.com</u>	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> _____ <small>Contact phone</small> _____ <small>Contact email</small> _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>75</u>	
Filed on <u>01/15/2019</u> <small>MM / DD / YYYY</small>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9 0 8 9

7. How much is the claim? \$ 47,487.50. Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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- Services Performed

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
- ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
- ☐ Motor vehicle
- ☐ Other. Describe: _____
- Basis for perfection:** _____
- Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
- Value of property:** \$ _____
- Amount of the claim that is secured:** \$ _____
- Amount of the claim that is unsecured:** \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
- Amount necessary to cure any default as of the date of the petition:** \$ _____
- Annual Interest Rate** (when case was filed) _____ %
- ☐ Fixed
- ☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 4/1/2020
MM / DD / YYYY

Steve Riding

Print the name of the person who is completing and signing this claim:

Name Steve R. Riding
First name Middle name Last name

Title Manager Client Receivables

Company CHG Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7259 S Bingham Junction Blvd
Number Street

Midvale UT 84047
City State ZIP Code

Contact phone 801-930-3838 Email steve.riding@chghealthcare.com

Amended Claim No. 75 Exhibit A - RN Network Invoice Amounts

Invoice #	Date of Service	Invoice Date	Provider	Invoice Amount
3085874RI	7/19/18-7/21/18	7/30/2018	Ranney, Sally SPC Hours	2,555.00
3093083RI	7/22/2018 7/26/18-7/27/18	8/6/2018	Ranney, Sally SPC Hours	2,520.00
3099227RI	7/30/18-7/31/28 8/4/18	8/13/2018	Ranney, Sally SPC Hours	2,555.00
3105879RI	8/5/18-8/7/18	8/20/2018	Ranney, Sally SPC Hours	2,537.50
3112621RI	8/13/18-8/14/18 8/18/18	8/27/2018	Ferguson, Tylenne MED Hours	2,520.00
3114002RI	8/12/18-8/14/18	8/27/2018	Ranney, Sally SPC Hours	2,537.50
3118476RI	8/20/18 8/23/18-8/24/18	9/3/2018	Ferguson, Tylenne MED Hours	2,520.00
3126560RI	8/27/18 8/30/18-8/31-18	9/10/2018	Ferguson, Tylenne MED Hours	2,520.00
3128940RI	8/29/18-9/1/18	9/10/2018	Ranney, Sally SPC Hours	2,880.00
3131785RI	9/3/18 9/5/18 9/8/18	9/17/2018	Ferguson, Tylenne MED Hours	2,557.50
3131785RX	9/3/18 9/5/18 9/8/18	9/21/2018	Ferguson, Tylenne MED Hours	15.00
3133033RI	9/2/18 9/4/18-9/5/18	9/17/2018	Ranney, Sally SPC Hours	2,380.00
3140934RI	9/9/18 9/11/18-9/12/18	9/24/2018	Ferguson, Tylenne MED Hours	2,520.00
3142000RI	9/15/2018	9/24/2018	Ranney, Sally SPC Hours	840.00
3145198RI	9/17/18 9/19/18 9/22/18	10/1/2018	Ferguson, Tylenne MED Hours	2,520.00
3146871RI	9/16/18-9/17/18 9/20/18	10/1/2018	Ranney, Sally SPC Hours	2,555.00
3153344RI	9/23/18-9/24/18	10/8/2018	Ferguson, Tylenne MED Hours	1,680.00
3154595RI	9/24/18-9/25/18 9/28/18	10/8/2018	Ranney, Sally SPC Hours	2,555.00
3163473RI	9/30/18-10/2/18	10/15/2018	Ranney, Sally SPC Hours	2,520.00
3164287RI	10/1/2018	10/15/2018	Ferguson, Tylenne MED Hours	840.00
3167581RI	10/8/18-10/9/18	10/22/2018	Ranney, Sally SPC Hours	1,680.00
3169179RI	10/10/2018	10/22/2018	Ferguson, Tylenne MED Hours	1,680.00
TOTAL				\$47,487.50



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
07/30/18	3085874RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	7/19-21		36.50	70.00	2555.00
Total					2,555.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

NAME Sally Ranney

FACILITY Fayette Regional Health

CITY Connersville STATE IN

Pay Cycle

JDE#2723801

END 7/21/2018

CC#

5610334

WEEK 1

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN						/			/		
MON						/			/		
TUES						/			/		
WED						/			/		
THUR <u>7/19</u>	<u>1100</u>	<u>2315</u>	<u>—</u>	<u>12.25</u>	<u>.25</u>	<u>/</u>			<u>/</u>		
FRI <u>7/20</u>	<u>1100</u>	<u>0015</u>	<u>—</u>	<u>13.25</u>	<u>.25</u>	<u>/</u>			<u>/</u>		
SAT <u>7/21</u>	<u>1200</u>	<u>2300</u>	<u>—</u>	<u>11.00</u>		<u>/</u>			<u>/</u>		
TOTALS FOR WEEK 1				<u>36</u>	<u>.50</u>						

TRAVELER SIGNATURE

Sally Ranney BSN RN

7/21/18

SUPERVISOR NAME PRINTED

Joy Turner RN

SUPERVISOR SIGNATURE

Joy Turner RN

TITLE

Charge RN

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
08/06/18	3093083RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	7/22,26-27		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

RNNetwork.

Alternate Payroll tax: 1-800-866-0407
Payroll Direct phone: 1-888-286-2217

NAME Sally Ranney FACILITY Fayette Regional Health END 7/28/18
Pay Cycle _____ CC# _____
JDE#2723801

WEEK 1

RECORD OF TIME				HOURS WORKED			
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	H
SUN <u>7/22/18</u>	<u>0700</u>	<u>1900</u>	<u>—</u>	<u>12</u>		<u>/</u>	
MON						<u>/</u>	
TUES						<u>/</u>	
WED						<u>/</u>	
THUR <u>7/26/18</u>	<u>0900</u>	<u>2100</u>	<u>—</u>	<u>12</u>		<u>/</u>	
FRI <u>7/27/18</u>	<u>0700</u>	<u>1900</u>	<u>—</u>	<u>12</u>		<u>/</u>	
SAT						<u>/</u>	
TOTALS FOR WEEK 1				<u>36</u>			

TRAVELER SIGNATURE

Sally Ranney BSN RN

SUPERVISOR NAME PRINTED

Julia Robbins

SUPERVISOR SIGNATURE

Julia Robbins

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

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SUPERVISOR SIGNATURE IS REQUIRED.

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Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
08/13/18	3099227RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	7/30-31,8/4		36.50	70.00	2555.00
Total					2,555.00

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ACH and wire payment options available

RNNetwork.

1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

AME
ay Cycle Sally Ranney

DE#2723801

FACILITY Fayette Regional Health

CITY Connersville STATE IN

END 8/4/18

CC# 5610334

EEK 1

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
DAY	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
TU											
W											
TH											
FRI											
SAT											
SUN											
MON	<u>7/30</u>	<u>0700</u>	<u>1900</u>			<u>1</u>			<u>1</u>		
TUE	<u>7/31</u>	<u>0700</u>	<u>1915</u>			<u>1</u>			<u>1</u>		
WED					<u>.15</u>	<u>1</u>			<u>1</u>		
THUR						<u>1</u>			<u>1</u>		
FRI	<u>8/3</u>	<u>0645</u>	<u>1900</u>			<u>1</u>			<u>1</u>		
SAT	<u>8/4</u>					<u>1</u>			<u>1</u>		
TOTALS FOR WEEK 1				<u>12.15</u>	<u>.15</u>	<u>1</u>			<u>1</u>		
				<u>36</u>	<u>.30</u>						

AVELER SIGNATURE

Sally Ranney, BSN RN

8/4/18

PERVISOR NAME PRINTED

Jeannette Mollo, RN

PERVISOR SIGNATURE

Jeannette Mollo, RN

TITLE Charge RN

signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

MMMENTS

TES

E SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

E TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

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E-Mail

nicole.watts@rnnetwork.com

roll Representative nicolewatts



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
08/20/18	3105879RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	8/5-7		36.25	70.00	2537.50
Total					2,537.50

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

RNnetwork.

1-866-588-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-286-2217

Sally Ranney

FACILITY Fayette Regional Health

CITY Connersville STATE IN

Cycle

#2723801

END 8/11/18

CC#

5610334

K 1

RECORD OF TIME				HOURS WORKED							HOURS NOT WORKED	
	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick	
8/5	0700	1915	—	12	0.15	1			1			
8/6	0700	1900	—	12		1			1			
S 8/7	0700	1900	—	12		1			1			
						1			1			
						1			1			
						1			1			
						1			1			
TOTALS FOR WEEK 1				36	0.15							

VELER SIGNATURE

Sally Ranney BSN RN

UPERVISOR NAME PRINTED

Julia Robbins RN

UPERVISOR SIGNATURE

Julia Robbins RN

TITLE

CHARGE RN

Signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

MMENTS

TES

SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

ISURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

RVISOR SIGNATURE IS REQUIRED.

se indicate if you have a change in mailing address?

i have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.

ik you for all that you do.

E-Mail

nicole.watts@rnnetwork.com

roll Representative nicolewatts



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
08/27/18	3112621RI	2579089

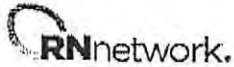
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours NEW ASSIGNMENT ORIENTATION ALL HOURS	8/13-14,18		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



1-888-588-3508
 Alternate Payroll fax: 1-800-808-0051
 Payroll Direct phone: 1-888-288-2217

NAME TYLENE FERGUSON FACILITY Fayette Regional Health CITY CONNERSVILLE STATE IN
 Pay Cycle 8/12/18 - 8/18/18
 JDE#2554341 CC# 5665634

WEEK 1				RECORD OF TIME						HOURS WORKED				HOURS NOT WORKED	
DAY OF WEEK	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick	Cancel	Sick	Cancel	Sick
SUN															
MON <i>8/13</i>	18:00	4:30			12										
TUES <i>8/14</i>	18:45	7:15			12										
WED															
THUR															
FRI															
SAT <i>8/18</i>	18:45	7:15			12										
TOTALS FOR WEEK 1					36										

TRAVELER SIGNATURE

Tylene Ferguson

SUPERVISOR NAME PRINTED

Shawn-Kristi Reynolds

SUPERVISOR SIGNATURE

Shawn-Kristi Reynolds

TITLE

RS

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS:

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-888-0407.

Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
08/27/18	3114002RI	2579089

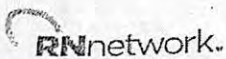
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	8/12-14		36.25	70.00	2537.50
Total					2,537.50

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Alternate Payroll Direct phone: 1-888-286-2217

FACILITY Fayette Regional Health

END 8/18/18 CITY Connersville IN
CC# 5610334

NAME Sally Ranney
Pay Cycle
JDE#2723801

WEEK 1				HOURS WORKED						HOURS NOT WORKED	
RECORD OF TIME				Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel Sick	
Day	Time In	Time Out	Meal Break								
SUN 8/12	0700	1900		12	.15	/			/		
MON 8/13	0700	1915		12		/			/		
TUES 8/14	0700	1900		12		/			/		
WED						/			/		
THUR						/			/		
FRI						/			/		
SAT						/			/		
TOTALS FOR WEEK 1				36	.15						

36.25

TRAVELER SIGNATURE

Sally Ranney BSN RN

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

TITLE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

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If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com

No timesheet next
week - vacation!



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/03/18	3118476RI	2579089

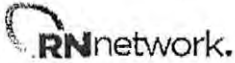
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettheregional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	8/20,23-24		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-888-588-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-288-2217

NAME TYLENE FERGUSONFACILITY Fayette Regional HealthCITY CONNERSVILLE STATE INPay Cycle 8/19/18 - 8/25/18JDE#2554341

CC#

5655634

WEEK 1

DAY OF WEEK	RECORD OF TIME			HOURS WORKED						HOURS NOT WORKED	
	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN						/			/		
MON <u>8/20</u>	18:48	7:15			12	/			/		
TUES						/			/		
WED						/			/		
THUR <u>8/23</u>	18:45	7:15			12	/			/		
FRI <u>8/24</u>	18:45	7:15			12	/			/		
SAT						/			/		
TOTALS FOR WEEK 1					36						

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

MARGIE CARTER

SUPERVISOR SIGNATURE

TITLE

CHARGE RN

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS:

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-888-0407.

Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/10/18	3126560RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	8/27,30-31		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-888-888-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-288-2217

NAME TYLENE FERGUSON FACILITY Fayette Regional Health CITY CONNERSVILLE STATE IN
 Pay Cycle 8/26/18 - 8/31/18
 JDE#2554341 CC# 5665634

WEEK 1

DAY OF WEEK	RECORD OF TIME			HOURS WORKED						HOURS NOT WORKED	
	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Alloc
SUN						/			/		
MON	18:45	7:15			12	/			/		
TUES						/			/		
WED						/			/		
THUR	18:45	7:15			12	/			/		
FRI	18:45	7:15			12	/			/		
SAT						/			/		
TOTALS FOR WEEK 1					36						

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

TITLE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS:

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

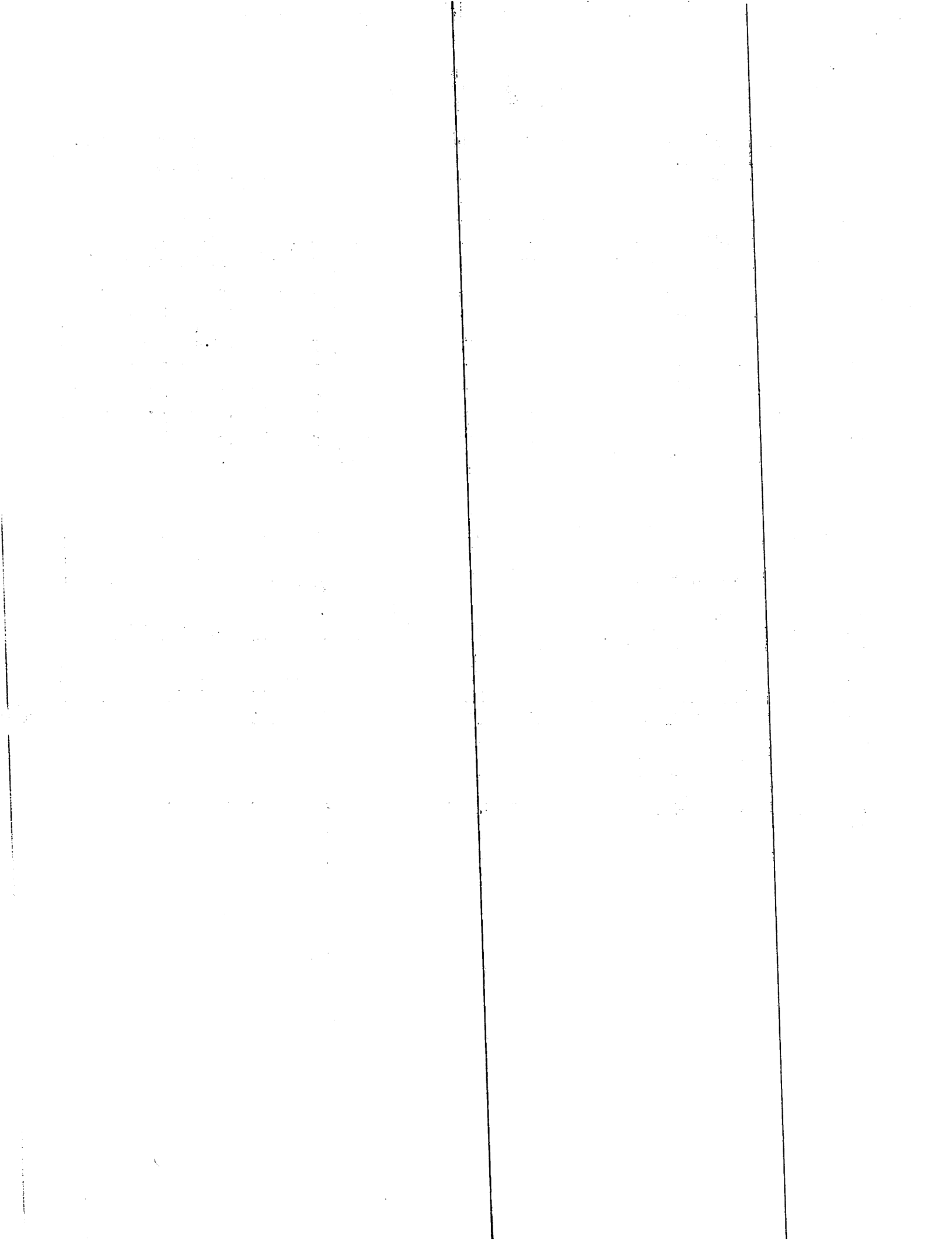
TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

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Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/10/18	3128940RI	2579089

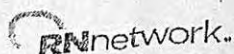
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayetteregional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

[illegible]

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

CITY Connersville STATE IN

NAME Sally Ranney FACILITY Fayette Regional Health END 9/1/18
Pay Cycle 8/26/18 CC# 5610334
JDE# 2723801

WEEK 1												HOURS NOT WORKED		
RECORD OF TIME					HOURS WORKED									
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick			
SUN	8/26					/			/					
MON						/			/					
TUES						/			/					
WED	8/29	1400	1900	—	5	/			/					
THUR	8/30	0700	1900	—	12	/			/					
FRI	8/31	0700	1900	—	12	/			/					
SAT	9/1	0700	1900	—	7	/			/					
TOTALS FOR WEEK 1				36	5									

TRAVELER SIGNATURE

Sally Ranney BSN RN

SUPERVISOR NAME PRINTED

Jeanne He Miller RN

SUPERVISOR SIGNATURE

Jeanne He Miller RN

TITLE

Charge RN

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@mnetwork.com

An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/17/18	3131785RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayetteregional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

[illegible]

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-888-588-3508
 Alternate Payroll fax: 1-800-806-0081
 Payroll Direct phone: 1-888-286-2217

NAME **TYLENE FERGUSON**FACILITY **Fayette Regional Health**CITY **CONNERSVILLE** STATE **IN**Pay Cycle **9/2/18 - 9/8/18**

JDE#2854341

CC#

8885834

WEEK 1

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
DAY OF WEEK	Time In	Time Out	Meal Break/Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick	
SUN					/			/			
MON 9/3	18:45	7:15		12	/		8.25	/			
TUES					/			/			
WED 9/5	18:45	9:00		0.75	/			/		11.25	
THUR					/			/			
FRI					/			/			
SAT 9/8	18:45	7:15		12	/			/			
TOTALS FOR WEEK 1				24.75						11.25	

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

COMMENTS:

9/5/18 LOW CENSUS. VOLUNTARY CANCEL

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

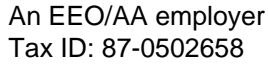
TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-886-0407.

Thank you for all that you do.



RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Bill To:

Customer PO

Terms

NET 30 DAYS

Total Invoice	\$ 15.00
----------------------	-----------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/17/18	3133033RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettheregional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	9/2,4-5		34.00	70.00	2380.00
Total					2,380.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

06-27-2018 11:28 AM

fax services

1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

RNnetwork.

Emergency

02

NAME Sally Ranney

FACILITY Fayette Regional Health

Pay Cycle

JDE#2723801

END

CC#

9/8/18

5610334

CITY

Connersville IN

WEEK 1

RECORD OF TIME

Day	Time In	Time Out	Meal Break	Regular
SUN 9/2	0700	1700		10
MON 9/3				
TUES 9/4	0700	1900		12
WED 9/5	0700	1900		12
THUR 9/6				
FRI 9/7				
SAT 9/8				
TOTALS FOR WEEK 1				34

HOURS WORKED

Overtime

On Call (start/stop)

Holiday

Charge

Call Back (start/stop)

Cancel Sick

HOURS NOT WORKED

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

Charge

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/24/18	3140934RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/9,11-12		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

09/13/2018 THU 05:29

FAX

001

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0763
 DESTINATION ADDRESS 18665883508
 SUBADDRESS
 DESTINATION ID
 ST. TIME 09/13 05:28
 TX/RX TIME 00' 32
 PGS. 1
 RESULT OK

CRNnetwork.

FAX TO 1-888-588-3808
 Alternate Payroll fax: 1-800-805-0081
 Payroll Direct phone: 1-888-286-2217

NAME TYLANN FERGUSON FACILITY Fayette Regional Health CITY CONOVERVILLE STATE IN
 Pay Cycle 9/9/18 - 9/16/18
 JDE# 2884941 CO# 888834

RECORD OF TIME				HOURS WORKED				HOURS NOT WORKED	
CAY OF WEEK	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)
SUN <u>9/9/18</u>	18:45	7:10			13				
MON									
TUES <u>9/10/18</u>	18:45	7:10			13				
WED <u>9/11/18</u>	18:45	7:15			13				
THUR									
FRI									
SAT									
TOTALS FOR WEEK 1					39				

TRAVELER SIGNATURE

Jane Ferguson

SUPERVISOR NAME PRINTED

Beth Baker RN BSN

SUPERVISOR SIGNATURE

Beth Baker RN BSNCharge Nurse

By signing this time record you agree with the hours worked indicated above and will be paid accordingly.

COMMENTS:

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

PLEASE INDICATE IF YOU HAVE A CHANGE IN MAILING ADDRESS?

If you have questions about anything on your time sheet, do not hesitate to contact any CRNNetwork representative for assistance at 1-800-888-0407.

Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
09/24/18	3142000RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	9/15		12.00	70.00	840.00
Total					840.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

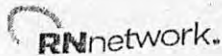
PANEL

06-27-2018 11:28 AM

fax services

→ 1/6582/11/34

D2



1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

FACILITY Fayette Regional Health

NAME Sally Ranney

Pay Cycle

JDE#2723801

END

CC#

CITY Connersville STATE IN
9/15/18
5610334

WEEK 1				RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick				
SUN						/			/						
MON						/			/						
TUES						/			/						
WED						/			/						
THUR						/			/						
FRI						/			/						
SAT	9/15/18	0700	1900	12		/			/						
TOTALS FOR WEEK 1				12											

TRAVELER SIGNATURE

Sally Ranney BSN RN

SUPERVISOR NAME PRINTED

Lita Morcote

SUPERVISOR SIGNATURE

Lita Morcote

TITLE

RN Charge

By signing this work record you agree with the hours worked indicated above and will be paid accordingly.

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/01/18	3145198RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettheregional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/17,19,22		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-888-888-3808
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-286-2217

NAME TYLENE FERGUSONFACILITY Fayette Regional HealthCITY CONNERSVILLE STATE INPay Cycle 9/16/18 - 9/22/18JDE#2864341

CC#

5666634

WEEK 1

DAY OF WEEK	RECORD OF TIME			HOURS WORKED						HOURS NOT WORKED	
	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN						/			/		
MON <u>9/17</u>	16:45	7:15			12	/			/		
TUES						/			/		
WED <u>9/12</u>	16:45	7:15			12	/			/		
THUR						/			/		
FRI						/			/		
SAT <u>9/22</u>	16:45	7:15			12	/			/		
TOTALS FOR WEEK 1					36						

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SHAWN-KRISTIN REYNOLDS, RN

SUPERVISOR SIGNATURE

TITLE RN

By signing this work report you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS:

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.

Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/01/18	3146871RI	2579089

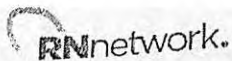
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	9/16-17,20		36.50	70.00	2555.00
Total					2,555.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

NAME Sally Ranney

FACILITY Fayette Regional Health

Pay Cycle

JDE#2723801

END

CC#

9/22/18

CITY Connersville STATE IN

5610334

WEEK 1

RECORD OF TIME				HOURS WORKED					HOURS NOT WORKED	
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel Sick
SUN <u>9/16</u>	0700	1900	—	12		/			/	
MON <u>9/17</u>	0700	1900	—	12		/			/	
TUES						/			/	
WED <u>9/20</u>						/			/	
THUR	0630	1700	—	12	30	/			/	
FRI						/			/	
SAT						/			/	
TOTALS FOR WEEK 1				36	.30					

36.50

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

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SUPERVISOR SIGNATURE IS REQUIRED.

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Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com

98%
73



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/08/18	3153344RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	9/23-24		24.00	70.00	1680.00
Total					1,680.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-866-588-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-286-2217

NAME **TYLENE FERGUSON**
 Pay Cycle **9/23/18 - 9/29/18**
 JDE#2554341

FACILITY Fayette Regional Health

CITY CONNERSVILLE STATE IN

CC# 5665634

WEEK 1

DAY OF WEEK	RECORD OF TIME			HOURS WORKED						HOURS NOT WORKED	
	Time In	Time Out	Meal Break/Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick	
SUN 9/23/18	18:45	7:15		12	/			/			
MON 9/24/18	18:45	7:15		12	/			/			
TUES					/			/			
WED					/			/			
THUR					/			/			
FRI 9/28/18	18:45	7:15			/			/			12
SAT					/			/			
TOTALS FOR WEEK 1				24							12

TRAVELER SIGNATURE

Tylene Ferguson

SUPERVISOR NAME PRINTED

Carmilla Russell RN

SUPERVISOR SIGNATURE

Carmilla Russell RN

TITLE

Charge Nurse

COMMENTS:

9/28/18 Dr. statement: Bronchitis with fever

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-666-0407.

Thank you for all that you do.



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/08/18	3154595RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	9/24-25,28		36.50	70.00	2555.00
Total					2,555.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/15/18	3163473RI	2579089

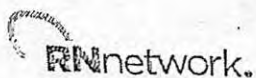
Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	9/30-10/2		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



1-866-588-3508
Alternate Payroll fax: 1-800-805-0051
Payroll Direct phone: 1-888-286-2217

NAME Sally Ranney FACILITY Fayette Regional Health CITY Connersville STATE IN
Pay Cycle JDE#2723801 END 9/6/18 CC# 5610334

WEEK 1

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN <u>9/30</u>	<u>0700</u>	<u>1900</u>	<u>1</u>	<u>12</u>		<u>1</u>			<u>1</u>		
MON <u>10/1</u>	<u>0700</u>	<u>1900</u>	<u>1</u>	<u>12</u>		<u>1</u>			<u>1</u>		
TUES <u>10/2</u>	<u>0700</u>	<u>1900</u>	<u>1</u>	<u>12</u>		<u>1</u>			<u>1</u>		
WED						<u>1</u>			<u>1</u>		
THUR						<u>1</u>			<u>1</u>		
FRI						<u>1</u>			<u>1</u>		
SAT						<u>1</u>			<u>1</u>		
TOTALS FOR WEEK 1				<u>36</u>							

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-866-0407.
Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/15/18	3164287RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	10/1		12.00	70.00	840.00
Total					840.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-888-888-3508
 Alternate Payroll fax: 1-800-805-0081
 Payroll Direct phone: 1-888-286-2217

NAME **TYLENE FERGUSON** FACILITY **Fayette Regional Health** CITY **CONOVERVILLE** STATE **IN**
 Pay Cycle **9/30/18 - 10/6/18**
 JDE# **2554341** CC# **5665634**

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
DAY OF WEEK	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN						/			/		
MON	18:45	7:15			12	/			/		
TUES						/			/		
WED	18:45	7:15			F 12	/			/		12
THUR						/			/		
FRI						/			/		
SAT	18:45	7:15			F 12	/			/		12
TOTALS FOR WEEK 1				12	24	36					24

TRAVELER SIGNATURE

Tylene Ferguson

SUPERVISOR NAME PRINTED

BAH BAKER RN

SUPERVISOR SIGNATURE

Baker RN

TITLE *Charge nurse*

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

COMMENTS:

10/3 SICK 10/6 SICK

NOTES:

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

LATE TIME SHEETS WILL NOT BE PAID UNTIL THE FOLLOWING PAY PERIOD.

TO ENSURE PROPER PAYMENT, PLEASE ENSURE HOURS ARE APPROPRIATELY CATEGORIZED.

SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-888-0407.

Thank you for all that you do.

Nicole, I'm scheduled to work tonight & will get timesheet signed. I was admitted to hospital 10/3/18 for 2 days for pneumonia & then again 10/6/18 for observation of allergic reaction to antibiotic.

- Tylene



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:
RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/22/18	3167581RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ranney, Sally SPC Hours	10/8-9,13		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

RNnetwork.

1-866-588-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-286-2217

NAME Sally Ranney

Pay Cycle

FACILITY Fayette Regional Health

JDE#2723801

END

10/13/18

CC#

5610334

CITY

Connersville

STATE IN

WEEK 1

RECORD OF TIME				HOURS WORKED						HOURS NOT WORKED	
Day	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN											
MON <u>10/8</u>	<u>0700</u>	<u>1900</u>	<u>—</u>	<u>12</u>		<u>/</u>			<u>/</u>		
TUES <u>10/9</u>	<u>0706</u>	<u>1900</u>	<u>—</u>	<u>12</u>		<u>/</u>			<u>/</u>		
WED						<u>/</u>			<u>/</u>		
THUR						<u>/</u>			<u>/</u>		
FRI						<u>/</u>			<u>/</u>		
SAT <u>10/13</u>	<u>0700</u>	<u>1900</u>	<u>—</u>	<u>12</u>		<u>/</u>			<u>/</u>		
TOTALS FOR WEEK 1				<u>36</u>							

TRAVELER SIGNATURE

SUPERVISOR NAME PRINTED

SUPERVISOR SIGNATURE

By signing this work record you agree with the hours worked indicated above and will be invoiced accordingly.

TITLE

Charge RN

COMMENTS

NOTES

TIME SHEETS ARE DUE EVERY MONDAY OF PAY WEEK.

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SUPERVISOR SIGNATURE IS REQUIRED.

Please indicate if you have a change in mailing address?

If you have questions about anything on your time sheet, do not hesitate to contact any RNNetwork representative for assistance at 1-800-868-0407.
 Thank you for all that you do.

Payroll Representative nicolewatts

E-Mail

nicole.watts@rnnetwork.com



An EEO/AA employer
Tax ID: 87-0502658

REMIT TO:

RN NETWORK
PO BOX 974088
DALLAS TX 75397-4088

Date	Invoice #	Account #
10/22/18	3169179RI	2579089

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
AccountsPayable@Fayettereional.org
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331-2893

Customer PO	Terms
	NET 30 DAYS

Description	Dates of Service		Hours	Rate	Amount
Ferguson, Tylene MED Hours	10/7,9-10		36.00	70.00	2520.00
Total					2,520.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



FAX TO 1-866-588-3508
 Alternate Payroll fax: 1-800-805-0051
 Payroll Direct phone: 1-888-286-2217

NAME **TYLENE FERGUSON** FACILITY Fayette Regional Health CITY CONNERSVILLE STATE IN
 Pay Cycle **10/7/18 - 10/13/18**
 JDE#2554341 CC# 5665634

WEEK 1											
RECORD OF TIME						HOURS WORKED					HOURS NOT WORKED
DAY OF WEEK	Time In	Time Out	Meal Break	Regular	Overtime	On Call (start/stop)	Holiday	Charge	Call Back (start/stop)	Cancel	Sick
SUN <u>10/7/18</u>	18:45	7:15			12	/			/		
MON						/			/		
TUES <u>10/9/18</u>	18:45	7:15			12	/			/		
WED <u>10/10/18</u>	18:45	7:15			12	/			/		
THUR						/			/		
FRI						/			/		
SAT						/			/		
TOTALS FOR WEEK 1					36						

TRAVELER SIGNATURE

Tylene Ferguson

SUPERVISOR NAME PRINTED

Carmilla Russell RN

SUPERVISOR SIGNATURE

Carmilla Russell RN

TITLE

Charge Nurse

COMMENTS:

NOTES:

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