

EMS PRN Program Bonus Worksheet

Name: _____
 (please print)

This covers period: _____ **to** _____
 Date Date

	Date	Unit	Hours worked		Date	Unit	Hours worked
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			
		Total				Total	

Staff Signature: _____

Manager Signature: _____

- | | |
|-----------------------------------------------|-----|
| 1. 48 hours/6weeks | Yes |
| 2. 16 hours off shift, or holiday, or weekend | Yes |

(NorthStar Procedure #5.18)