Monthly Weekend Bonus Form

Number of Person Rec'y	e:				
Date: Awake Hours Worked Shifts worked Services Verified Worked Shifts worked Services Verified Verified	th:				
Total Remibersement Amount \$\frac{1.00}{\text{ Meekend Bonus Hrs}}{\text{ Friday 6 p.m-10 p.m}}{\text{ Saturday 6 a.m- 10 p.m}}{\text{ Sunday 6 a.m- 10 p.m}} *\frac{\text{ No Overnight Hrs}}{\text{ Revised}}{\text{ Revised}}{\text{ 10/06/2023}} Employee Signature	Date:	Awake Hours	Shifts worked		Verifed
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Total Remibersement Amount \$ Saturday 6 a.m- 10 p.m Sunday 6 a.m- 10 p.m *No Overnight Hrs Revised 07/24/2019 Revised 10/06/2023 Employee Signature			Weekend Bo	onus Hrs	
#No Overnight Hrs Revised 07/24/2019 Revised 10/06/2023 Employee Signature	Total				
*No Overnight Hrs Revised 07/24/2019 Revised 10/06/2023 Employee Signature	Remibersemen	t			
Revised 07/24/2019 Revised 10/06/2023 Employee Signature	Amount	\$			
Revised 10/06/2023 Employee Signature				ight Hrs	
Employee Signature					
		Revised	10/06/2023		
Data	Employee Signa	ature			
	Data				