Variance Reporting Form

Name: _____ Shift Date: _____/_____/_____

Facility: _____ Dept. Worked: _____ Facility: _____

Reason for Variance:

- ☐ Late Call
- ☐ No Lunch
- ☐ Early Case
- ☐ Missed Punch Time In:_____
  Time Out: _____
- ☐ Left Early Time Out: _____ Reason: _____
- ☐ Left Late Time Out: _____ Reason: _____
- ☐ On Call Number of hours: _____
- ☐ Callback Time In: _____
  Time Out: _____
- ☐ Other: (Please explain below)

_____

_____

Signature: _____ Date: _____/_____/_____

Director/Charge Nurse Approval: _____

Please note that the Director or Charge Nurse **MUST** sign all variance forms. They must be turned in to the staffing office by the completion of your shift. A separate variance for is needed for each shift. Variance forms may be for more than one reason. This form is essential to providing your agency with the correct number of hours you worked.
Thank you!!!!