



Star Nursing, Inc.  
C/O Gateway Acceptance Company  
PO Box 4053  
Concord CA 94524-4053  
877.687.7399 Fax 877.687.7400

Salinas Valley Post-Acute  
637 East Romie Ln  
Salinas, CA 93901

Date: 10/27/2023

Pay Period: 10/15/2023 to 10/21/2023

Invoice No: 133SV  
Net 30 Days

Date	Name	Title	Dept	Shift	Rate	Reg. Hrs.	OT Hrs.	Dbl Hrs.	Missed Meal	Total Hrs	Amount	Comments
10/15	Gillam-Coleman, Courtney 9/24-10/28	LVN	West 2	7.05a	\$65.00	8	0.15			8.15	\$534.63	
10/18			West 2	7.01a	\$65.00	8	0.23			8.23	\$542.43	
10/19			West 2	7.10a	\$65.00	7.57				7.57	\$492.05	
10/20			West 2	2.57p	\$65.00	7.82				7.82	\$508.30	
10/21			West 2	6.57a	\$65.00	8	0.3			8.30	\$549.25	
											\$1,253.00	** 7 @ \$179.00
						39.39	0.68	0	0	40.07	\$3,879.65	SubTotals
10/15	Muriel, Nickole 9/24-10/28	LVN	Sub-Acute I	7.00a	\$65.00	8	4	3		15	\$1,300.00	
10/16			Sub-Acute I	3.10p	\$65.00	7.33				7.33	\$476.45	
10/17			Sub-Acute I	7.00a	\$65.00	4				4	\$260.00	
10/20			Sub-Acute I	3.00p	\$65.00	7.83				7.83	\$508.95	
10/21			Sub-Acute III	7.00a	\$65.00	8	4	3.38		15.38	\$1,349.40	
						35.16	8	6.38	0	49.54	\$3,894.80	SubTotals
						74.55	8.68	6.38	0	89.61	\$7,774.45	

\*\* Lodging Accommodation

This is a labor invoice

Page 1 of 1

ACA Surcharge @ 0.35/hr \$ 31.36  
Total Amount Due \$ 7,805.81

# STAR NURSING

Name: Courtney Gillam-Coleman

Facility: Salinas Valley Post Acute

Pay Period: 10/15-10/21

	Date	Unit	Time In (24h)	Meal Break	Time Out (24h)	Reg Hrs	OT Hrs	Total Hrs	Approved
Sunday	10/15	WEST 2	0705	11:45A-12:15P	3:44P	8.00	0.15	8.15	8/8/80
Monday	10/16	OFF							
Tuesday	10/17	OFF							
Wednesday	10/18	WEST 2 0701	0701	11:51A-12:21P	3:44P	8.00	0.23	8.23	8/8/80
Thursday	10/19	WEST 2	0720	11:52A-12:23P	3:15P	7.57		7.57	8/8/80
Friday	10/20	WEST 2	1457	7:00P-7:30P	11:16P	7.82		7.82	8/8/80
Saturday	10/21	WEST 2	0657	11:30A-11:59A	1544	8.00	0.30	8.30	8/8/80
								40.07	Total Hours

Signature: [Signature]

Date: 10/21/23

Institution Designee Signature: [Signature]

Date: 10/21/23

OT (Excess of 40hrs.) Approved

(must be signed by Designee)

Approved By: Edith Mejia 10/26/2023

Please fax or e-mail time sheet to payroll@starnursing.com or 877-687-7400 by 2:00 p.m. every Monday in order to prevent payroll delays

# STAR NURSING

Name: Nicki Moniel

Facility:

Salinas Postacute

Pay Period: 10/15 - 10/21

	Date	Unit	Time In (24h)	Meal Break	Time Out (24h)	Reg Hrs	OT Hrs	Total Hrs	Approved
Sunday	10/15	Subacute I	7am	11-1130 7-730p	1100 pm	8.00	7.00	15.00	<i>[Signature]</i>
Monday	10/16	Subacute I	310P	7-730	1100 pm	7.33		7.33	<i>[Signature]</i>
Tuesday	10/17	Subacute I	0700 a	—	11am	4.00		4.00	<i>[Signature]</i>
Wednesday	10/18	<i>OFF</i>							
Thursday	10/19								
Friday	10/20	Subacute I	3:00P	7-730	1120 pm	7.83		7.83	<i>[Signature]</i>
Saturday	10/21	Subacute III	0700	11-11:30 7-730	over 1120 1120pm	8.00	7.38	15.38	<i>[Signature]</i>
								49.54	Total Hours

Signature:

Nicki Moniel

Date:

10.21.23

Institution Designee Signature:

*[Signature]*

Date: 10.21.23

OT (Excess of 8 hrs.) Approved

(must be signed by Designee)

Approved By: Edith Mejia 10/26/2023

Please fax time sheet to 877.687.7400 by 2:00 p.m. every Monday