

Illinois Department of Labor



Fair Labor Standards Division  
160 N. LaSalle Street, Ste 1300  
Chicago, Illinois 60601  
Dol.NurseAgency@illinois.gov  
<http://labor.illinois.gov/>

# Nurse Agency Shift Fulfillment Attestation Form

Agency Name:

Verified by (name):

Title:

Date of Application:

## Definitions:

Number of Contracted Shifts = Total number of shifts billed to facility

Number of Missed Shifts = Total number of shifts not filled from the original work order for any reason

Number of Shifts Fulfilled = Total number of shifts confirmed as "paid" by the Nurse Agency as defined in 225 ILCS 510/3.

Quarter = Each quarter should provide totals for each of the last 3 quarters preceding the application date. Example: If the application date is July 30 2022. The preceding quarters would include October - December 2021, January 2022-March 2022, and April -June 2022

	Time Frame Covered	TOTAL Number of Contracted Shifts	TOTAL Number of Shifts Missed	TOTAL Number of Shifts Fulfilled
Quarter 1				
Quarter 2				
Quarter 3				

\*Methodology to support the figures must be made available to the Department upon request.