Nurse Agency Licensing Act Wage Payment Notice Sample Form

This sample form is for guidance only related to the content required. Formatting and other visual characteristic of the form are the employer's responsibility. Each agency should review the Nurse Agency Licensing Act (225 ILCS 510/1-15) and administrative rules (68 III. Adm. Code 690) for compliance purposes. Employers may be subject to additional federal and state regulations related to paycheck requirements.

At the time of payment of wages, a nurse agency shall provide the following information on the nurse or certified nurse aide's paycheck or pay stub, or on a form approved by the Department:

- A) the number of hours worked by the nurse or certified nurse aide at each health care facility each day during the pay period;
- B) the rate of payment for each hour worked, including any premium rate or bonus; and
- C) the total pay period earnings.

Employer: Donnie's Staffing

Net Pay:

An agency that is required to register under both the Illinois Day and Temporary Labor Services Act and the Nurse Agency Licensing Act, and provides a wage payment notice under the Illinois Day and Temporary Labor Services Act, is not required to provide a separate wage payment notice under this Section.

Wage Payment Notice Sample Form

Earnings Statement

862

3,072.64

Chica	irst Avenue igo, IL 60601 55-1234					way	e rayıne	iii Nou	ice Samp	ne i oii	1				Pay Pe	nou.	/2025 to 10/7/2025 2/25
Client:	Earnings	Sui Rate	nday Hours	Mon Rate	iday Hours	Tue: Rate	sday Hours	Wedn Rate	esday Hours	Thur Rate	sday Hours		day Hours	Satu Rate	rday Hours	This Period	Year to Date
C. Jones Mfg 1234 Illinois Street Chicago, IL 60601 312-555-5678	Regular			26	8	26	8	26	8							624	3,322.00
	Overtime																
	Holiday																
	Vacation																
O'Neil Network 5678 Illinois Street Chicago, IL 60601 312-555-8888	Regular									26	8	26	8			416	2,104.00
	Overtime																
	Holiday																
	Vacation																
	Gross Pay:															1040	5,426.00
Deduct	ions															This Period	Year to Date
Federal	Federal Income Tax											66	813.9				
Social S	Social Security Tax											44	542.6				
Medica	Medicare												35	434.0			
State In	State Income Tax Other - Meals/Equipment (specify)										13	162.7					
Other -											20	400.0					
Total D	eductions:															178	2,353.3

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