



(818) 557-8777 \*fax (818) 557-8788

**Employee Time Card**

**Patient's Name:** \_\_\_\_\_ **MR #:** \_\_\_\_\_

	Date	Time In	Time Out	Total Hrs	If note is in	Comments
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

**ALL EMPLOYEE TIME SHEETS MUST BE IN ON MONDAY BY NOON**

**Note to Client:** Your signature on this time sheet authorizes us to pay the employee for the hours indicated.

- ❖ All overtime must be authorized by director/supervisor/on call person before the end of your scheduled shift. The client can't authorize overtime.
- ❖ All time is calculated to the nearest minute.
- ❖ Nurses are not permitted to handle cash or operated motor vehicles without prior written authorization from the agency.

\_\_\_\_\_  
**Employee Name**  
 Please print name

\_\_\_\_\_  
**Patient/PCG Signature**