

## 1-855-480-2223

## **TIME CARD**

Employee: _	Week Beginning:								
Client:	Week Ending:								
Time cards must l	be completed, signe	d and submitte	d weekly by Monday	. Email: <u>info@</u>	aacehealth.co	om_ Txt: 213-90	)8-4416, Fax	:: 844-559-2223	
Start day	Start Date Of Shift	Start Time	End Date Of Shift	End Time	Regular Hours	Overtime Hours	Total Hours	Overtime Approval	
Monday									
Tuesday									
Wednesda v									
Thursday									
Friday									
Saturday									
Sunday									
Weekly To	otals								
Client:I understand the	lient: Signature: understand that by signing this timecard, I also agree and accept the terms a					Date: nd conditions of the AMPLE Care Services' agreement.			
Employee:					Week Beginning:				
Client:									
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Day	Start Date Of Shift	Start Time	End Date Of Shift	End Time	Regular Hours	Overtime Hours	Total Hours	Overtime Approval	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Weekly To	otals								
All overtime h	ours must be inc	lividually app	proved by the Sup	pervisor/Cli	ent to be va	alid. There w	ill be no e	xceptions.	
Client:			Signature:				Date:		
Lunderstand the	at by signing this t	imacard Lalso	agree and accent	the terms a	nd condition	c of the ANADI	E Caro Son	vicos' agroomont	