



1-855-480-2223

TIME CARD

Employee: _____

Week Beginning: _____

Client: _____

Week Ending: _____

Time cards must be completed, signed and submitted weekly by Monday. Email: info@acehealth.com Txt: 213-908-4416, 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								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Weekly Totals

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All overtime hours must be individually approved by the Supervisor/Client to be valid. There will be no exceptions.

Client: _____ Signature: _____ Date: _____

I understand that by signing this timecard, I also agree and accept the terms and conditions of the AMPLÉ Care Services' agreement.



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