

		EMPLOYEE TIME CARD				Houston	
EMPLOYEE NAME (Last Name, First Name)						JOB TITLE	
FACILITY NAME						MANAGER NAME	
DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL HOURS	MANAGER SIGNATURE
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
EMPLOYEE SIGNATURE: _____						Total Hours	
ADDITIONAL COMMENTS:						FAX #: (866)606-3349	
<p>1. USE ONLY ONE TIME CARD PER FACILITY</p> <p>2. CIRCLE SHIFT TIME WORKED</p> <p>3. ADD HOURS AND TOTAL</p> <p>4. MAKE SURE OF MANAGER SIGNATURE/ MANAGER INITIALS REQUIRED FOR LATE CALLS</p> <p>5. FAX SIGNED TIME CARD BY MONDAY AT NOON</p> <p>Time Card Advisory: I hereby certify that the hours shown above were worked by me and were certified by an authorized employee of the client</p>							