



Weekly Time Card

Week Ending: _____

Employee Name: _____

Healthcare Facility: _____

	Date	Shift	Time In	Time Out	Lunch Deduction	Total Hours Worked
Sunday					- 30 min	
Monday					- 30 min	
Tuesday					- 30 min	
Wednesday					- 30 min	
Thursday					- 30 min	
Friday					- 30 min	
Saturday					- 30 min	

Employee Signature: _____

Supervisor Signature: _____

PLEASE FAX TIME CARD TO:

FAX: (586) 226-9110

TIME CARDS MUST BE IN BY 9:00a ON MONDAY