



24 HOURS CARE

PLEASE CHECK BELOW:

MAIL CHECK

OFFICE SUPPORT

LIGHT INDUSTRIAL

RN

LPN

CNA

OTHER

EMPLOYEE NAME (PLEASE PRINT)		COMPANY			DEPARTMENT
DAY	DATE	HOURS TO NEAREST 1/4 HOUR			DAILY HOURS
		START	FINISH	LESS LUNCH	
SAT.					
SUN.					
MON.					
TUES.					
WED.					
THUR.					
FRI.					
WEEK ENDING	TOTAL HOURS →				
TWO (2) HOUR MINIMUM PER EMPLOYEE PER DAY		REG HOURS	OT HOURS	TOTAL HOURS	
<p>I HERBY CERTIFY THAT THE HOURS SHOWN ABOVE WERE WORKED BY ME AND WERE CERTIFIED BY AN AUTHORIZED EMPLOYEE OF THE BELOW NAMED COMPANY. PLEASE NOTIFY THIS OFFICE WHEN YOUR ASSIGNMENT HAS BEEN COMPLETED. THIS INFORMATION IS NECESSARY FOR OUR RECORDS AND ALSO INFORMS US OF YOUR AVAILABILITY FOR FUTURE ASSIGNMENTS. FAILURE TO DO SO RESULTS IN OUR ASSUMPTION OF YOUR VOLUNTARY TERMINATION FROM 24 HOURS CARE AND MAY IMPACT YOUR ELIGIBILITY FOR UNEMPLOYMENT BENEFITS.</p>					
SOCIAL SECURITY NUMBER			EMPLOYEE SIGNATURE		
<p>ALTERED AND (OR) UNSIGNED TIME CARDS WILL BE RETURNED WITHOUT PAYCHECK. IN CASE OF ERROR MAKE OUT A NEW CARD.</p>					
CLIENT NAME: FILL IN BOTTOM OF FORM					
CLIENT NAME		AUTHORIZED SIGNATURE		DATE	

EMPLOYEE: DETACH WHITE & CANARY COPIES AND MAIL TO:

24 HOURS CARE

54 EVERGREEN AVE., AUBURNDALE, MA 02466

TEL: 617.792.2200 • 617.244.4676 CELL: 617.319.1502

PINK – CUSTOMER COPY GOLDENROD – EMPLOYEE COPY
AVAILABLE FOR WORK? YES NO