



EMPLOYEE TIME CARD

Minneapolis

First Name	Last Name	JOB TITLE
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FACILITY NAME	MANAGER NAME
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DAY	DATE	TIME IN	Lunch Start Time	Lunch Finish Time	TIME OUT	TOTAL DAILY HOURS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

EMPLOYEE SIGNATURE:	MANAGER SIGNATURE:	Total Week Hours Here:
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ADDITIONAL COMMENTS:	Please Print Hours Here ►
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FAX TIME CARDS TO: (888)566-0266

1. USE ONLY ONE TIME CARD PER FACILITY
2. ADD HOURS AND TOTAL
3. MAKE SURE OF MANAGER SIGNATURE/ MANAGER INITIALS REQUIRED FOR LATE CALLS
4. FAX SIGNED TIME CARD BY MONDAY AT NOON

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