



Home Care Time Card (weekly)

Grand Rapids Fax: (616) 365-9254
Livonia Fax: (248) 888-9003
payroll@qcihealthcare.com

Client: _____ Pay Period Start: ____/____/____ End: ____/____/____

Check one: RN LPN CENA HHA OTHER: _____

Employee Name (print) _____ Signature: _____

| DAY | DATE | SHIFT | TIME IN | LUNCH START | LUNCH END | TIME OUT | TOTAL HRS. | CLIENT SIGNATURE |
|--------------------|------|-------|---------|-------------|-----------|----------|------------|------------------|
| Sun | | | | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | | | |
| Thr | | | | | | | | |
| Fri | | | | | | | | |
| Sat | | | | | | | | |
| TOTAL HOURS | | | | | | | | |



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