QCI Healthcare

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		

* By accepting services from QCI Healthcare, I and/or my representatives specifically acknowledge that QCI Healthcare is providing services for my benefit, and for my care, recovery, and rehabilitation. I hereby assign my right to bring a lawsuit against any responsible insurer for payment of the full charges for all services provided thru the present date to QCI Healthcare in exchange for the services provided to me.

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