



Client name _____

Unit/Floor _____

Employee name _____

Classification: RN LPN CNA

Other _____

2050 FM423, suite 1007,
 Little Elm TX, 75068
 P: 717-747-4624; F: 717-326-1381
Aplustaffing@gmail.com



Send timecard to:
aplustimeslip@gmail.com OR Fax by
 Monday 10:00am

Day of the week	Date	Shift	Time In	Time out	Meal break YES or NO (if no, supervisor sign here)	Meal break minutes/ hours	Were you the supervisor	Supervisor's daily <u>Name</u> and <u>Signature</u>
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

I certify that **ALL** hours worked daily and recorded on this time card is accurate and true. I understand that **daily name and signature of my supervisor** is required in order to get paid for the hours worked on that day.

Employee Signature: _____

Date: _____