

Home Care Time Card with Mileage

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

Employee (print): _____ Employee (signature): _____

Date/Day	Time IN	Time OUT	Time Total	Verify Signature*
TOTAL MILEAGE				

* By accepting services from Job.com Healthcare, I and/or my representatives specifically acknowledge that Job.com 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 Job.com Healthcare in exchange for the services provided to me.

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