

**Home Care Time Card (weekly)**

Grand Rapids Fax: (616) 365-9254

Livonia Fax: (248) 888-9003

[payroll@job.com](mailto:payroll@job.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								
<b>TOTAL HOURS</b>								

\*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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