



**1-800-234-8510**

# TIME CARD

Caregiver: \_\_\_\_\_

Week Beginning: \_\_\_\_\_

Patient: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Time cards must be completed, signed and submitted weekly by Monday. Email: [info@acehomecare.com](mailto:info@acehomecare.com) Txt: 323-557-3559, Fax: 844-559-2223

Start day	Start Date Of Shift	Start Time	End Date Of Shift	End Time	Regular Hours	Overtime Hours	Total Hours	Overtime Approval
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

## Weekly Totals

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All overtime hours must be individually approved by the Supervisor/Client to be valid. There will be no exceptions.

Client: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that by signing this time card, I also agree and accept the terms and conditions of the AACE Home Care, Inc. agreement.



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