

# Dependable Nursing Agency, Inc.

## Time Card

Employee Name: \_\_\_\_\_

Facility/Client Name: \_\_\_\_\_

Facility/Client Address: \_\_\_\_\_

Title/Position \_\_\_\_\_ Week Of: \_\_\_\_\_

DAY	DATE	IN	OUT	LUNCH	TOTAL	STAFF SIGNATURE
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						

The signatures on this time card are to be signed by authorized client staff personnel ONLY. Signature certifies that all times are correct and that the Dependable Nursing Agency, Inc. employee performed according with facility standards and guidelines. Signatures also certify that client agrees to pay for all shift hours worked.