



PLEASE PRINT CLEARLY

**EMPLOYEE TIME CARD**

Fax **Signed** Time Card at **END OF SHIFT** to:  
 1. 888-834-7208 (Fax)  
 2. 610-684-4711 (E-Fax)  
 3. [timecards@ghresources.com](mailto:timecards@ghresources.com) (Text or email a clear picture of your timecard)

FOR THE WEEK OF \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

FACILITY NAME (ONE PER TIMECARD)		EMPLOYEE NAME				EMPLOYEE RESPONSIBILITY				
						<i>Timecards must be signed by an authorized representative of the facility after each shift prior to leaving the facility. Failure to do so may result in a delay in payment until the shift is signed/validated.</i>				
FACILITY CITY	FACILITY STATE	CERTIFICATION		SOCIAL SECURITY #		<b>CLIENT AUTHORIZATION (INCLUDING O.T. AUTHORIZATION) EACH SHIFT SEPARATE</b>				
				XXX - XX-						
SHIFT START DATE		SHIFT START TIME		SHIFT END TIME		DEDUCT MANDATORY BREAK				
DAY OF WEEK	DATE MM/DD/YY	HH:MM	CIRCLE AM or PM	HH:MM	CIRCLE AM or PM	CIRCLE ONE (Min.)			INITIAL NO BREAK	
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
SUN		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
MON		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
TUE		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
WED		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
THU		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
FRI		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
SAT		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK
		:	AM / PM	:	AM / PM	15	30	45	60	INITIAL NO BK

I certify that the hours shown are correct and represent the total hours I worked at this facility for the week. An authorized client representative properly verified these hours. I understand that any misrepresentation of hours worked or failure to obtain the signature of an authorized client representative will be considered an attempt to commit fraud and will be prosecuted to the fullest extent allowed under state law. I understand that any questionable or illegible information or signatures on this document are subject to verification by GHR, which may cause a delay in processing. I understand that I will be paid upon verification of the above information.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE