



PLEASE PRINT CLEARLY

EMPLOYEE TIME CARD

SIGNED TIMECARDS ARE DUE BY
SUNDAY AT 9:00 AM

1. 888-834-7208 (Fax)
2. 610-684-4711 (E-Fax)
3. timecards@ghresources.com (Text or email a clear, complete picture of your timecard)

Staffing Coordinator Name: _____

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 #					
					XXX - XX-			CLIENT AUTHORIZATION (INCLUDING O.T. AUTHORIZATION) EACH SHIFT SEPARATE		
SHIFT START DATE		SHIFT START TIME		SHIFT END TIME		BREAK			Being an authorized representative of the facility, the undersigned hereby: (1) Agrees that the work was performed in a satisfactory manner. (2) Agrees that the hours stated are correct. (3) Agrees to pay all hours worked in accordance with federal law including overtime on all hours worked in excess of 40 and federal break policies. (4) Agrees to pay the related invoice in full within 30 days of the invoice date.	
DAY OF WEEK	DATE MM/DD/YY	HH:MM	CIRCLE AM or PM	HH:MM	CIRCLE AM or PM	CIRCLE ONE (Min.)		SUPERVISOR INITIAL FOR 0 - 15 MIN BREAK		
SUN		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
MON		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
TUE		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
WED		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
		:	AM / PM	:	AM / PM	30	45	60		INITIALNO BK
THU		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
FRI		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
SAT		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
		:	AM / PM	:	AM / PM	30	45	60	INITIALNO BK	
								PRINT NAME SIGNATURE		

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