



ALBION HEALTHCARE STAFFING, INC.

“We’re BIG on Quality”

TIME CARD

Completed Time Card is to be hand delivered or faxed to: Doral (305)406-1010 - Broward (954)796-5155

Day	From:	To:	Hours:
SUN AM			
SUN PM			
MON AM			
MON PM			
TUE AM			
TUE PM			
WED AM			
WED PM			
THU AM			
THU PM			
FRI AM			
FRI PM			
SAT AM			
SAT PM			
Total hours:			

Please input hours in Hour:Minute format (ie From 8:15 To 5:24). Avoid 24-Hour (military time) notation, using decimals or AM/PM notation. Hours are rounded to 1 decimal place.

Week Ending Saturday

Temp's name:

Social Security Number:

Company Name:

Supervisor's Name:

Supervisor's Telephone:

PO# (if needed on invoice)

**Timecards must be signed and faxed before Monday noon!
Altered Time Cards will NOT be accepted!**

By signing below, I certify that I understand and agree to the terms of this document, that I am authorized to sign on behalf of the Company, that the work performed by the employee was of a satisfactory nature and that the hours shown are correct. Further, by signing below, this represents my authority to invoice the Company for these hours and for Albion to receive payment in accordance with our Agreement.

Approved by Company:

Assignment:

Ongoing:

Completed:

Accepted by Temp Employee

Payment Option: Direct Deposit

Mail:

Pick-up:

Overtime at a rate of 1.5 times regular pay is applicable to time worked in excess of 40 hours/week