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

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

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

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

Time cards must be completed, signed and submitted weekly by 9 am on Monday. Email: [info@aace.care](mailto:info@aace.care) Txt: 323-557-3559, Fax: 909-315-6406

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | |  |  |  |

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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1-888-482-4796

TIME CARD

Diagram

Description automatically generated

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

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

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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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.