

Employee Name/Title _____

Employee Signature _____

Employee certifies that this form is true and accurate and that I worked the hours indicated.

Facility _____

Please remember to submit your timecards weekly!
Timecards received after 12 noon on the 1st day of each month will be included in the next month's payroll.



Education & Staffing Solutions

www.averasolutions.org

1000 W. 4th, Ste. 9 —Yankton SD 57078

◆ Phone: (605) 668-8475

◆ Toll Free: 1-888-860-7211

◆ Fax: (605) 668-8483

◆ 24/7 On Call Phone: (605) 661-1785

Specialty Care	Unit	Date	Time In	Time Out	Meal Period	Mileage	*Facility Signature	OFFICE USE ONLY														
								Hours	SC	D	E	N	W	HT	OT	RATE						
Comments:							TOTALS															

*Signing this form constitutes a certification that the hours listed are correct as stated and that the work was performed in a satisfactory manner.

White & Yellow Copy—AESS
Pink Copy—Employee
Fax or email copies accepted

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