REGENT HEALTHCARE

Employee Information

Last Name MI. First Name

License/Certification #

Employee Signature Date

I certify that the days shown on this timecard are correct, that I worked these hours at the client as noted, and that I am bound by the employee authorization agreement.

Client Information

Client Name

Dept. Name

Client Signature Date

I certify that I am an authorized agent of the above client. By signing this timecard I agree that the hours are correct. I understand that all payroll invoices are due upon receipt.

Office—White Copy • Client—Yellow Copy • Employee—Pink Copy

FAX to Branch

Fax: 410-872-2830

Must be received by 9:00 AM Monday

Timecard

Day	Date	Time Started	Time Finished	Total Hours
Sun				
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Week Ending Saturday / /			**Total Hours Worked**	

8840 Stanford Blvd., Suite 3125, Columbia, MD 21045
Phone: 410-872-0310 • Toll Free: 888-872-0313 • Fax: 410-872-2830