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**DAILY TIMECARD**

CareMax Health Services

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EMPLOYEE NAME…………………………………………………………………………………TITLE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAY | DATE | START TIME | END TIME | BREAK  | TOTAL HOURS | SUPERVISOR SIGNATURE | FACILITY NAME |
| **SUN** |  |  |  |  |  |  |  |
| **MON** |  |  |  |  |  |  |  |
| **TUE** |  |  |  |  |  |  |  |
| **WED** |  |  |  |  |  |  |  |
| **THUR** |  |  |  |  |  |  |  |
| **FRI** |  |  |  |  |  |  |  |
| **SAT** |  |  |  |  |  |  |  |

EMPLOYEE SIGNATURE…………………………………………………………………………. DATE…………………….

PLEASE HAVE THE FACILITY SUPERVISOR SIGN THE TIME CARD EVERYTIME AND TURN IN TIMESHEETS EVERY SUNDAY MORNING BEFORE NOON. THANKS.