

Agape Medical Staffing LLC

Scheduling Phone: 1-308-529-7405 Office/Fax: 308-537-2441 Email the time cards to: scheduling@amssolutions.services

_	MIL	Employee Name:							V	Vorked As:	CNA CM	LPN RN Please circle postion worked as
Agaj	pe Medical	Staffing		Customer Name:								
	Start Destination:	tination:										
	Times are	rounded to the nearest quarter hour (1/4)							To help us better serve you, please evaluate my work. 1-5 with 1 being the least satisfactory and 5 being the most.			
WEEK DAY	DATE	START TIME	END TIME	MEAL BREAK LENGTH	TOTAL HOURS	TOTAL MILES TRAVELED	LODGING PROVIDED Y/N	CLIENT / SUPERVISOR INITIALS	HOW'S MY WORK?	1 - 5 1 BEING LEAST SATISFACTORY	SHIFT/Over Time	comments/special pay signatures/ extra traveling miles
SUN									ON TIME			
MON									ATTITUDE			
TUE									ORGANIZED			
WED									Time Manag			
THU									Helpful			
FRI									Knowledge			
SAT									Friendly			
	WEEKLY TOTALS (Office use only)								*Falsifying or altering this time card without supervisor initials after being signed by the authorizing supervisor is grounds for <u>immediate dismissal/termination</u>			
	Employee Signature								Superviso	or: Y / N	Date:	
	Superviso				Printed Name:			-	Date:			