

EMPLOYEE NAME: _____ RN LPN CNA AUA

CLIENT NAME: _____

Circle day of week: SUN. MON. TUES. WED. THURS. FRI. SAT.

THIS TIME SLIP CAN ONLY BE USED FOR ONE DAY & ONE CLIENT.

DATE WORKED: _____ MAIL CHECK ON FRIDAY MONEY CARD DIRECT DEPOSIT

TIME IN	MEAL BREAK	TIME OUT
1st SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____
2nd SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____

Charge Nurse MUST Initial Missed Meal



5116 N. Portland, Ste. 100
Oklahoma City, OK 73112
www.associatemedical.com
943-7900 • 1-888-456-0860
FAX: 943-7947 • 1-888-575-7374

CLIENT SIGNATURE _____
Your signature verifies attendance, In/Out times and satisfactory performance of the employee.

Notice to Employee: Submission of this timeslip for payment assumes agreement with any client sign in logs &/or electronic timekeeping system. Employee understands & agrees that in the event of error or discrepancy, client logs &/or electronic timekeeping records will supercede this timeslip.

EMPLOYEE NAME: _____ RN LPN CNA AUA

CLIENT NAME: _____

Circle day of week: SUN. MON. TUES. WED. THURS. FRI. SAT.

THIS TIME SLIP CAN ONLY BE USED FOR ONE DAY & ONE CLIENT.

DATE WORKED: _____ MAIL CHECK ON FRIDAY MONEY CARD DIRECT DEPOSIT

TIME IN	MEAL BREAK	TIME OUT
1st SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____
2nd SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____

Charge Nurse MUST Initial Missed Meal



5116 N. Portland, Ste. 100
Oklahoma City, OK 73112
www.associatemedical.com
943-7900 • 1-888-456-0860
FAX: 943-7947 • 1-888-575-7374

CLIENT SIGNATURE _____
Your signature verifies attendance, in/Out times and satisfactory performance of the employee.

Notice to Employee: Submission of this timeslip for payment assumes agreement with any client sign in logs &/or electronic timekeeping system. Employee understands & agrees that in the event of error or discrepancy, client logs &/or electronic timekeeping records will supercede this timeslip.

EMPLOYEE NAME: _____ RN LPN CNA AUA

CLIENT NAME: _____

Circle day of week: SUN. MON. TUES. WED. THURS. FRI. SAT.

THIS TIME SLIP CAN ONLY BE USED FOR ONE DAY & ONE CLIENT.

DATE WORKED: _____ MAIL CHECK ON FRIDAY MONEY CARD DIRECT DEPOSIT

TIME IN	MEAL BREAK	TIME OUT
1st SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____
2nd SHIFT _____ A.M. P.M.	_____ TO _____	_____ A.M. P.M. UNIT WORKED _____

Charge Nurse MUST Initial Missed Meal



5116 N. Portland, Ste. 100
Oklahoma City, OK 73112
www.associatemedical.com
943-7900 • 1-888-456-0860
FAX: 943-7947 • 1-888-575-7374

CLIENT SIGNATURE _____
Your signature verifies attendance, In/Out times and satisfactory performance of the employee.

Notice to Employee: Submission of this timeslip for payment assumes agreement with any client sign in logs &/or electronic timekeeping system. Employee understands & agrees that in the event of error or discrepancy, client logs &/or electronic timekeeping records will supercede this timeslip.