



PULSE STAFFING, LLC

Time Card

Employee Name: _____

Facility/Client Name: _____

Facility/Client Address: _____

Title/Position: _____ Week Of: _____

DAY	DATE	IN	OUT	LUNCH	TOTAL	MILEAGE	STAFF SIGNATURE
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

The signatures on this time card are to be signed by authorized client staff personnel **ONLY**. The signature certifies that all times are correct and that the PULSE STAFFING, LLC employee performed according to facility standards and guidelines. Signatures also certify that the client agrees to pay for all the shift hours worked.

email completed timecard to timecards@pulsestaffingllc.com