

Mail: 2965 Lone Oak Drive, Suite 160, Eagan, MN, 55121-1553 Fax Toll-Free: 1-877-858-6957

Lifeworks
 HOURLY
 Time Card

Employee ID:

Client ID:

Facility Name and Date Admitted:

Care Facility

Hospital

Employee Name: Client Name: Job Title:

Employee Phone: From: / To: /

WK1	TIME IN	AM/PM	TIME OUT	AM/PM	TOTAL	WK2	TIME IN	AM/PM	TIME OUT	AM/PM	TOTAL
Su						Su					
Mo						Mo					
Tu						Tu					
We						We					
Th						Th					
Fr						Fr					
Sa						Sa					
WEEK 1 TOTAL:						WEEK 2 TOTAL:					

Employee Signature: Date:

Support Manager Signature: Date:

Acknowledgement and Required Signatures: Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information for billing Medical Assistance. Your signature verifies the time and services entered above are accurate and that the services were provided. You are also assuring that your employees did not work any hours while the client was in the hospital or care facility.

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