

BIRD IN THE HAND STAFFING



EMPLOYEE NAME (PRINT) _____

TITLE RN LPN CNA DSP PA

DATE	IN	OUT	TOTAL	HOL/BONUS	FACILITY	AUTHORIZED SIGNATURE

EMPLOYEE SIGNATURE _____

Fax Time Card By 8AM on Mondays Fax-309-467-5303 Email payroll@birdinthehandstaffing.com

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