

# 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.org**

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