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 & Date Admitted, or Location of Service:

Care Facility ○

Hospital ○

19786

Employee Name: _____ Client Name: _____ Job Title:

Employee Phone: _____ From: / / To: / /

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

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

Acknowledgement and Required Signatures: I certify that the time shown above is accurate, includes all the time actually worked up through the last work date shown on this card, and that hours were not worked while the client was in a hospital or care facility. All hours were pre-authorized by support manager. It is a federal crime to provide false information for billing Medical Assistance.

Employee Signature | Date | Support Manager Signature | Date