



**7466 SW 48<sup>th</sup> Street, Miami, FL 33155**  
**Phone: 305.666.8331 E-Fax: 305.400.0283**

**RN – LPN – TIME RECORD**

**Employee Name:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_

<b>Day</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Date</b>							
<b>Time In</b>							
<b>Time Out</b>							
<b>Total Hours</b>							

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client's Name:** \_\_\_\_\_

**Client's Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_