



the difference is in the details

PER DIEM - OAKLAND OFFICE
1970 Broadway, Suite 835
Oakland, CA 94612
(510) 451-0567
FAX: (510) 451-0365

Advance Pay Time Ticket

Weekly Daily Will Pick Up Check Mail Check to Current Address

Please Print Clearly

Client Name: _____

Employee Name: _____

Classification: RN LPN/LVN CNA CST/STE Other: _____
(Circle One)

Date Worked: _____ Unit Floor: _____

Cost Center: _____

Shift: 7am-3pm 3pm-11pm 11pm-7am 7am-7pm 7pm-7am Other: _____
(Circle One)

(Circle One) SUN MON TUES WED THUR FRI SAT

Time In: _____ Time Out: _____ Meal (30 min.): Yes No

Completed by Facility

Billable Hours Worked: _____ Overtime Approved: Yes No

Signature of Authorized Client Only: _____

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative.

Employee Signature: _____