



*the difference is in the details*

**PER DIEM - SAN FRANCISCO OFFICE**  
2409 Sacramento Street  
San Francisco, CA 94115-9829  
(415) 885-1534  
FAX: (415) 885-4027

### 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: \_\_\_\_\_