



Office: (520) 731-8000

Fax: (520) 731-8001

payroll@altrahealthcare.com

Case Aide Name	
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*** A specific time limit is allotted for each visit. Time beyond the scheduled duration requires prior approval to be compensated. ***

Parent Name	Date	Travel Required?	Drive Time Start	Drive Time End	Visit Time Start	Visit Time End	Total
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
Weekly Total:							

Instructions: Attach the completed timecard to each applicable Mileage Form (if required) and Visit Notes. Email to payroll@altrahealthcare.com no later than **10:00 AM on SATURDAY** of each week.

I certify that the hours recorded above accurately reflect my total hours worked in Parenting Time Services, in accordance with the instructions provided by the assigned case manager.

Employee Signature:	Date:
Client Signature:	Date:

Client Agrees:

1. The hours worked are correct and that the work has been performed in a satisfactory manner.
2. Client shall not entrust the employee of Altra with unattended premises, cash, negotiables, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Altra; Altra's insurance does not cover loss or damage caused by the Employees or Altra operating Client owned or leased motor vehicle(s) and the Client therefore accepts full responsibility for claims.
3. Employees are not authorized to accept, have custody of, or to use cash, credit cards or other valuables of the Client.
4. Altra has made substantial investment in the recruitment, screening and training of its Employees and incurs significant administrative and marketing expenses in connection with services for the Employee named on the reverse side. In consideration thereof, the Client agrees not to hire or engage on a direct or indirect basis or through any other entity the services of the Employee for a minimum period of one year after the last date designated on this time sheet. In the event the Client hires or engages the services of the Employee in violation of the above paragraph, Client agrees to pay Altra liquidated damages equal to 40 hours of service by the Employee times 13 weeks, at the current billable rate for each such Employee.
5. Client agrees that this account is due upon receipt and agrees to pay all collection costs, including attorney's fees in the collection of this account.