

Loving Family Staffing (419) 491-7655 Shift Time Record

Facility Name: _____

Shift Start Date/Time: _____ Lunch Start: _____

Shift End Date/Time: _____ Lunch End: _____

Employee Name: _____

Employee Signature: _____

Supervisor Name: _____

Supervisor Signature: _____

Employee – Fax Completed Form to: 888-469-3243 after shift

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