



**RELIABLE**  
HEALTH CARE SERVICES, INC.

**TIME SHEET**

HOSPITAL/FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERIOD START \_\_\_\_\_ PERIOD END \_\_\_\_\_

PROVIDER NAME  PLEASE PRINT	PROVIDER IDENTIFICATION NUMBER	DATE	TIME IN	MEALS		TIME OUT	REG	OT	ASSIGNMENT/ COST CENTER	APPROVAL AND COMMENTS	FOR RHCS USE ONLY
				OUT	IN		HOURS				
1											
2											
3											
4											
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AUTHORIZED SIGNATURE

TOTAL