

# TIME CARD



AHR Pharmacist: \_\_\_\_\_

WEEK OF \_\_\_\_\_

Facility/Store #: \_\_\_\_\_

PIC \_\_\_\_\_

DATE	TIME IN <sup>1</sup>	LUNCH OUT	LUNCH IN	TIME OUT	TOTAL REG TIME	TOTAL O/T	MILEAGE <sup>2</sup>	PER DIEM <sup>3</sup>	OTHER	NOTES
<b>TOTAL</b>										

AHR PHARMACIST SIGNATURE \_\_\_\_\_

PIC (CLIENT) APPROVAL \_\_\_\_\_

AHR SUPERVISOR APPROVAL \_\_\_\_\_

**FAX back promptly to (949) 457-7605 after shift completion**

Each time card must be filled out in its entirety. Questions please call (800) 873-3611

<sup>1</sup> Per client policy: All pharmacists are required to clock in at their scheduled shift time and NO EARLIER.

<sup>2</sup> Mileage reimbursements must be pre-arranged with AHR management.

<sup>3</sup> Per Diems for multi day travel assignments and all other expenses must be pre-arranged with AHR management in writing. Failure to do so will result in inability to reimburse.