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Hamilton NJ 08690-3701
tel. 609-581-6622 fax. 609-585-9885
web: www.aahcs.org email: corporate@aahcs.org

Overtime Approval Form

Name:_____

Position:_____

Facility Work:_____

Date Worked:_____

Time In:_____

Time Out:_____

Authorized AAHCS Signature:_____

Date / /

Authorized Facility Signature:_____

Date / /

All Time Sheets must be signed by the Supervisor. Unsigned Time Sheets will not be processed by the Payroll Department. All Time Sheets must be faxed to the office latest Monday morning at 11:00am.