

ALL AMERICAN
HEALTH CARE SERVICES INC
6 Oakhill Drive
Monroe, NJ 08831

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 by Monday morning at 11:00 am