

Weekly Payroll Exception Form

1st Americare LLC

Employee Name: _____ Employee phone: _____

Client/Patient Name _____ Employee e-mail: _____

Date Week ends:

(should be Sunday of every week)

Day	Date	Time in AM/PM Shift-1	Time Out AM/PM Shift-1	Shift-1 Total Hrs.	Time in AM/PM Shift-2	Time Out AM/PM Shift-2	Shift-2 Total Hrs	Daily Total Hrs
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								
							Total Hours for the week	

Print First and Last Name

Date/Time

Employee
Signature: _____

Client/Patient/Group home/Family

Signature if available: _____

Date

* This form must be submitted either by sending text of picture/photo/Screen shot to **Payroll -202-993-4049** or by Email to **HRandpayroll@1st-Americare.com** **no later than 12:00 Noon on Monday**. If Payroll did not get this form by 12 Noon on Monday your pay check will not be accurate.

** This form is exception to MyEVV clock in and clock out. In the event you were not able to resolve myEVV by calling customer service **(757)-272-1719** and our Payroll department.

Updated 2022-05-02