

APPLIED HOME CARE, INC

Late Entry Weekly Service Report Form

Fax Cover Sheet

To: _____

From: _____

Re: _____

Fax#: _____

Phone Contact: _____ Pages: _____

Date: ____/____/____ Time: _____:_____

Your Name: _____ ID Number (last 4 digits of SSN): _____

Date Submitted: _____

Payroll Missed: _____ Next Payroll: _____ Hours Missing: _____

Client: _____ Date: _____

Client: _____ Date: _____

Client: _____ Date: _____

I _____, understand that I have submitted my time sheets past the date they were due. I understand that due to this there may be penalties regarding this issue. **A minimum of \$30.00 charge will apply.**

Submitting Service Member Record on time is imperative.

Re-Submit time slips to support this request.

Signature: _____

Date: ____/____/____