



Text: 847-867-4410
Fax: 847-568-9111
 jobs@nursestaffersinc.com

(PRINT CLIENT'S NAME)

(PRINT EMPLOYEE'S NAME)

WEEK ENDING DATE

CLASSIFICATION

DAY	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH PERIOD	REG HOURS	OVERTIME HOURS	UNIT	CLIENT APPROVED
MON								
TUE								
WED								
THU								
FRI								
SAT								
SUN								
Total Hours To Nearest ¼ Hour								

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative.

EMPLOYEE'S SIGNATURE

I agree to terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 1.5% per month together with reasonable attorneys fees.

I recognize the rights of NURSE STAFFERS INC. as the employer and agree not to employ the employee named heron directly or in any capacity including full time, part time, float pool or employment through another supplier for at least one full year after the termination of this assignment. In the event the client wishes to hire the employee without the one year waiting period and because it is agreed that Nurse Staffers Inc. has made a substantial investment in the recruiting, onboarding, orientation and evaluation of said employee, the client shall pay to Nurse Staffers, Inc. in one payment the sum of eight thousand dollars (\$8000) as reasonable reimbursement for the above mentioned cost, unless a written contract was executed upon which the contract supersedes this agreement.

I certify that the employee worked the above stated hours and the employee performed satisfactorily.

SIGNATURE OF AUTHORIZED CLIENT ONLY:



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