



CLIENT NAME:
EMPLOYEE NAME:

CLIENT NAME:
EMPLOYEE NAME:

WEEK ENDING DATE	CLASSIFICATION						LICENSE NO.	
	DATE	TIME IN	TIME OUT	LUNCH BREAK(min.)	TIME IN	TIME OUT	Total Hrs	Notes
Mon								
Tues								
Wed								
Thur								
Fri								
Sat								
Sun								
TOTAL HOURS IN THE WEEK (NEAREST TO 1/4 HOUR)								

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Mon								
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TOTAL HOURS IN THE WEEK (NEAREST TO 1/4 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

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Employee Signature:

Employee Signature:

CLIENT AGREEMENT

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

Client agrees to pay 4 hours of wages for the last minute cancellations. Late calls will be charged the full 8 hours shift rate.

Client understands Rehability Care is not an employment agency and that its employees are assigned to render temporary service and not to become employed by client. Client agrees that in the event the named employee is employed by client within 90 days from the last day of work recorded here, client shall pay to Rehability Care no less than \$4,500 as a separation expense.

CLIENT AGREEMENT

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

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SIGNATURE OF AUTHORIZED CLIENT ONLY
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