



14232 MARSH LANE #252  
 ADDISON, TEXAS 75001  
 FAX 972-588-8008  
 TOLL FREE 877-254-6508

Employee's Name \_\_\_\_\_

Client Name/Floor \_\_\_\_\_

Week-Beginning/Ending \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Day	In	Out	In	Out	Reg. Hours	O.T. Hours	Sick	Vac.	Total
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
					Total				
					Rate				
					Total				

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.

I agree to terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 1 1/2% per month on unpaid balances (ANNUAL PERCENTAGE RATE OF 18%) or the maximum legal interest rate, whichever is lower, together with reasonable attorney's fees.

I recognize the rights of On-Call Healthcare, Inc. as the employer and agree not to employ directly in any capacity the person named and hereon without providing On-Call Healthcare, Inc. with at least thirty (30) days written notice following the termination of this assignment.

I certify that the hours shown above are correct and that the employee performed satisfactorily.

Authorized Client Signature \_\_\_\_\_ Date \_\_\_\_\_