

Medical Staffing, Inc. 316 East Sixth Avenue Tarentum, PA 15084

Telephone: (412) 646-4219 Fax: (412) 646-4263 Toll-Free - (800) 730-3311

Employ	ee Name	THE					
Client N	l ame						
Week E	inding Frid	ay	***************************************		***************************************	•	
					411		
RE	PORT ALL	TIME TO TH	IE NEARE	ST 1/4 HOU			ECORD PER CLIENT
					HOURS TO BE		
500			- CONTAVO	Wil Altr Of law		2 PAID	CLIENT SIGNATURE
DAY	DATE	TIME IN	BREAKS	TIME OUT	REG	OT.	
SAT					****	<u> </u>	
SUN		~;					
MON							
TUE	~						- province and the Mark Mark Company
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FRI		-			*****************		
TOTAL						<u> </u>	
	rees that the cumented ho		yee has per	formed his/her	duties in a	satisfactory	manner for the
		ling Policy: O			if will be b	illed for hours	worked over forty
			•	inployee of Or nent or incur a		-	nc, for a period
on accour	nts over 30 d	ays due and	also to pay f	on receipt and or reasonable			
collection,	, not to exced	ed 20% of the	balance du	е.			
Client Si	gnature _	<u> </u>				,	
				Employee	>		
							nderstand that of employment.
Employee Signature							
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