

# OnCall

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

Telephone: (412) 646-4219 Fax: (412) 646-4263

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

Client Name \_\_\_\_\_

Week Ending Friday \_\_\_\_\_

| REPORT ALL TIME TO THE NEAREST 1/4 HOUR - USE ONE TIME RECORD PER CLIENT |      |         |        |          |                           |    |                  |
|--|------|---------|--------|----------|---------------------------|----|------------------|
| DAY  | DATE | TIME IN | BREAKS | TIME OUT | HOURS TO BE BILLED & PAID |    | CLIENT SIGNATURE |
|  |      |         |        |          | REG                       | OT |                  |
| SAT  |      |         |        |          |                           |    |                  |
| SUN  |      |         |        |          |                           |    |                  |
| MON  |      |         |        |          |                           |    |                  |
| TUE  |      |         |        |          |                           |    |                  |
| WED  |      |         |        |          |                           |    |                  |
| THU  |      |         |        |          |                           |    |                  |
| FRI  |      |         |        |          |                           |    |                  |
| TOTAL  |      |         |        |          |                           |    |                  |

Client agrees that the above employee has performed his/her duties in a satisfactory manner for the above documented hours.

Overtime / Holiday Billing Policy: Overtime at time and one-half will be billed for hours worked over forty (40) per week, whether or not at the same facility. Holidays are billed at double time for all facilities.

Client agrees not to employ the above named employee of OnCall Medical Staffing, Inc. for a period of 120 days following termination of this assignment or incur a \$10,000.00 fine.

Client agrees to the terms of payment in full upon receipt and to pay 1.5% interest per month on on accounts over 15 days due and also to pay for reasonable attorney's fees for the costs of collection, not to exceed 20% of the balance due.

Client Signature \_\_\_\_\_

**Employee**

I certify that the above hours represent my total hours worked for the above week. I understand that misrepresentation of hours worked is a serious offense and may result in termination of employment.

Employee Signature \_\_\_\_\_

White & Yellow - Office Copy      Pink - Client Copy      Gold - Employee Copy