

OnCall

Medical Staffing, Inc.
316 East Sixth Avenue
Tarentum, PA 15084
Telephone: (412) 646-4219 Fax: (412) 646-4263

Employee Name _____ **Title** _____

Organization _____

Week Ending Friday _____

REPORT ALL TIME TO THE NEAREST 1/4 HOUR - USE ONE TIME RECORD PER CLIENT							
DAY	DATE	HOUSE	TIME IN	TIME OUT	HOURS TO BE BILLED & PAID		CLIENT SIGNATURE
					REG	OT	
SAT							
SAT							
SUN							
SUN							
MON							
MON							
TUE							
TUE							
WED							
WED							
THU							
THU							
FRI							
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 time and one-half.

Client agrees not to employ the above named employee of OnCall Medical Staffing, Inc. for a period of 180 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 30 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 _____