



Love N Care Healthcare Services

"Treating your family like our own."

Phone: (770) 360-5683 Fax: 1-888-849-7371

1110 Satellite Blvd. Suite 301
Suwanee, GA 30024

Employee Name (printed) _____
Employee Signature _____
Social Security Number _____

Please circle one payroll method:

Direct Deposit Check

**By execution of this form, client and employee each certify that the total number of hours listed below are correct. Client certifies that the work was performed satisfactorily. The employee certifies that no accident or injury was sustained while working on the assignment.

Day	Date	Start	Finish	Less Lunch	Total Hours
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Total Hours _____

Hospital/Client Name _____

Authorized Name Printed _____

Authorized Signature _____

***Client shall not employ the above employee on a permanent or temporary basis for a period of 12 months. If the employee works for client, it will be through Love N Care Healthcare within 12 months.