

## **Employee Time Sheet**

Timesheets are due by 12:00 (noon)
Every Monday for the previous week
worked

<b>Employee Nam</b>	ne:					
Facility Name:	-					
Supervisor:						
Unit/Floor:	111					
	Date Worked	Time In	Time Out	Break	Total Hours	Supervisor Initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday				10-		
Saturday						
Sunday						
				Total Regular Hours		
				Overtime Hours (Over 40)		
				that hours sta		t. Client Company agrees to e this time sheet valid.
Supervisor's Signature:				Date:		
					10,000,000,000	stand that each day must be
			_		-	tify that the hours stated in
				understand th	nat falsification of ti	mesheets is a serious breech
that may lead to	o termination and po	ossible prosecut	.1011.			
Employee Signature:				Date:		

Timecards can be faxed, emailed or delivered in person to the following

Consolidated Medical Staffing

## **Terms and Conditions**

After interview client may not directly or indirectly hire the CMS field employee for any position for a period of 90 days for this position without CMS's written consent. Client hereby agrees that if the Client breaches the above terms or Client sells its business to a third party, which breaches the above terms, Client will pay to CMS a settlement fee equal to 144 hours times said field staff bill rate. Hours worked by field staff prior to hire or written notification will not apply to the above 144 hours. Client shall pay all reasonable attorneys' fees and other costs incurred by CMS in enforcing this Agreement. Client shall adhere to all contract payment provisions and by signing this timesheet shall guarantee payment of this time sheet within the terms specified in the client and Consolidated Medical Staffing Contract. No oral statement shall modify or affect the above Terms and Conditions.