



Phone: (806) 589-2092
 Fax: 1 (325) 939-2570
 Email: receptionist@prestigiousnursing.com

Week Ending Date: _____ Job Classifications: _____

Day	Date	Time Started	Time Finished	Meal Time Out	Meal Time In	# of Hours Worked	Overtime Signature
Sun							
Mon							
Tues							
Wed							
Thur							
Fri							
Sat							

Name of Facility

Unit/Floor

Client agrees to terms of Net Due Upon Receipt, and understands that unpaid accounts will be considered in default after third party (30) days, after which a default charge will be imposed at 1 1/2% per month on unpaid balances (Annual Percentage Rate of 18%) or the maximum legal interest rate, whichever is lower. Client agrees to pay the default charge plus reasonable attorney's fees for cost of collection. Client understands Prestigious Nursing is not an employment agency and that its employees are assigned to the Client to render temporary service and are not assigned to become employed by the Client. The Client acknowledges expense incurred by Prestigious Nursing to advertise, recruit, interview and quality control its employees. Client may not hire a Prestigious Nursing employee unless it first arranges with Prestigious Nursing the manner by which Prestigious Nursing is to be compensated for its expense.

TOTAL HOURS FOR WEEK to nearest 1/4 hour

I certify that the hours shown above represent my total hours worked and that they were properly verified by an authorized representative of the client.

Print Full Name: _____ Date: _____

Employee Signature: _____

Authorized Client Signature:
