



933 First Colonial Rd., Suite 203  
 Virginia Beach, VA 23454  
 (757) 491-7766 • Fax (757) 437-9651

Title	For Office Use
Social Security Number	/

DAY	DATE	START TIME	FINISH TIME	LUNCH TIME	REG. HOURS	O/T HOURS
SUN.						
MON.						
TUES.						
WED.						
THURS.						
FRI.						
SAT.						
TOTAL						

Report all time to the nearest 1/4 hour. do not show odd minutes.

Being duly authorized by the aforementioned Client, the undersigned hereby certifies that the hours worked as indicated on the front side of the time sheet are true and correct and that the work was performed in a satisfactory manner. The undersigned authorizes Medical Temporaries to bill the Client for such hours and in the event the employee works more than 40 hours in any work week, Client will pay time and one-half of the bill rates.

The Client agrees that the Medical Temporaries employee shall be required and directed to perform only those job tasks or services for which the Client contracted with Medical Temporaries.

The Client agrees that the temporary employee herein named is a direct employee of Medical Temporaries and represents a substantial investment to Medical Temporaries. Client agrees not to employ directly said employee until after 90 days full time or 520 part time hours of work have been completed from the initial start date unless Client reimburses Medical Temporaries in conversion fees or buy out fees, which will be an equal amount to what Client would have paid Medical Temporaries had the temporary employee worked at the Client's through Medical Temporaries for the required 90 days or 520 hours.

The Client agrees not to authorize any Medical Temporaries employee to operate any motor vehicles, automotive truck, machinery or equipment without signing a Driver's Release Form to be supplied by Medical Temporaries. The Client agrees to accept full responsibility for any bodily injury, physical loss, property damage, or liability including fire, theft or collision caused or incurred by a Medical Temporaries employee while said employee is operating any of the aforementioned vehicles, machinery or equipment.

The Client agrees not to entrust any Medical Temporaries employee with unattended premises, cash, checks, keys, credit cards, merchandise, negotiable instruments or other valuable property without prior written permission from Medical Temporaries. Without such prior permission, the Client accepts full responsibility for any loss or liability caused or incurred by a Medical Temporaries employee while handling cash, negotiable or other valuables.

Medical Temporaries is not responsible for claims under its Fidelity Bond unless such claims are reported in writing to it by the Client within Fifteen (15) days after each occurrence and unless the Client brings formal charges against the offending employee(s) and obtains a conviction.

Medical Temporaries employees are compensated on a weekly basis, therefore, the Client will be billed weekly. The Client agrees to terms of NET DUE UPON RECEIPT and understands that unpaid account will be considered in default after thirty (30) days. The Client agrees to pay reasonable court costs and attorney's fees for the cost of collections.

Employee Name (Print)	Week Ending
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Thereby certify that the hours and days shown herein were worked by me during the week ending date designated and were certified by an authorized representative of the Client. I further certify that I sustained no accident or injury while working on the assignment this week, unless so noted in comments section below.

Hold or  Mail my check  Direct Deposit on File

Employee Signature

To cancel, you must submit a written request!

**CLIENT APPROVAL**

Cross out any hours and days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions on reverse.

Supervisor's Signature

Title

Client Name/Worksite

Street Address

City

State

Zip