

Corporate Office: 5420 W. Southern Ave, Suite 103, Indianapolis, IN 46241 Ph: 317-240-1140 Fax: 317-240-1150 2020 Hwy 44 West, Inverness, FL 34453 Ph: 352-432-0080 Fax: 352-419-6593 7235 Bonneval Rd, Suite 219, Jacksonville, FL 32256 Ph: 904-900-4165 Fax: 352-225-3265 5200 W Newberry Rd, Suite E-4, Gainesville, FL 32607 Ph: 352-283-8507 Fax: 352-225-3265

modical staining							Toll-free Prione For All Offices: 666-665-1140					
Staff Name: (Please Print)							Week Ending Sunday Date:					
Facility Name:												
Day	Date	In	Out for Lunch	In from Lunch	Out	Total Hours	Floor/Unit	Facility Initial No Lunch	Facility	Super	visor Signature	10000
Mon												
Tue												
Wed												
Thurs												
Fri												
Sat												
Sun												
Staff Signature				Total Hrs.		I would allow this healthcare worker to return						
					O/T Hrs.	to our facility for future work: Please circle one: Y N						

STAFF AMERICA STAFF AGREEMENT My signature certifies the hours shown here were worked by me during the week ending designated and were certified by an authorized representative of the Company where I was assigned. My signature also certifies that no accident or injury was sustained by me while working on the assignment this week unless so noted below:

> White - Office Yellow - Customer

Pink - Staff Member