



medical staffing

Facility _____

Name _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shift Date _____ Floor/Unit Worked _____

RN LPN CNA RT Other

Shift: Day Evening Night
 12 hour Day 12 hour Night Other _____

Time In _____ Time Out _____ Meal (Circle One)
30 Min. 60 Min.

Total Hours worked _____ Facility Initial for no lunch _____

The above timecard accurately indicates my hours worked for the day and shift indicated and has been correctly verified below by an authorized representative of the facility. By accepting and working the above assignment I understand I am not permitted to accept a position with the above client or affiliates without written permission from Staff America Inc. for a period of one year after completion of this assignment or I will be subject to a conversion fee of no less than five thousand dollars payable to Staff America Inc.

Employee Signature

The above hours accurately indicate the time worked by the above employee of Staff America Inc. Recognizing the rights of Staff America Inc. the facility agrees not to hire the above employee of Staff America Inc. without written notice at least 120 days after the termination of this assignment and to pay liquidated damages of a minimum of five thousand dollars based on an upward sliding scale by professional discipline upon hiring an employee of Staff America Inc. within that 120 day period.

Facility's Authorized Signature

Facility's Authorized Overtime