

Client Name									
Employee Name									
Branch									
Week Ending Date			Classification			License Number			
DAY	DATE	TIME START	LUNCH OUT	LUNCH IN	TIME FINISHED	AREA	REGULAR HOURS	O/T	CLIENT O/T APPROVAL
MON								*	
TUE								*	
WED								*	
THURS								*	
FRI								*	
SAT								*	
SUN								*	
TOTAL HOURS TO NEAREST 1/4 HOUR									

**Over-time must have client and Temps Inc. approval*

Employee Acknowledgement - I certify that the above hours are a true representation of my time worked and that I have obtained an authorized signature from a facility/client representative. I recognize the rights of Temps Inc., as the employer and agree not to be employed by the facility individually or through an agent for a period of ninety (90) days following the termination of this assignment without approval of Temps Inc. I certify that no injury was incurred by me during this assignment. Failure to complete this document accurately may result in my pay being delayed.

Employee's Signature:

Client Acknowledgement - I, an authorized agent of the facility/client listed above certify that the hours listed are correct and that the employee performed their duties in a satisfactory and professionally competent manner. I recognize that the rights of Temps Inc., as the employer and agree not to employ or encourage employment of the above Temps Inc. employee for a period of ninety (90) days following completion of any assignment. I further agree to comply with the terms of the Client Rate Schedule/Agreement and additional terms listed on the reverse side of this document.

Client/Facility Representative Signature:

QUICK EVALUATION

Please help us to monitor employee performance and assist us in meeting JCAHO requirements. This may be completed now or faxed to the local Temps Inc., office after the employee's departure.

Did the employee meet your expectations in the following areas?

Please answer: 1. Outstanding 2. Good 3. Needs Improvement

Attendance _____ Quality of Work _____ Attitude _____

Nursing Ability _____ Productivity _____ Overall Performance _____

If you answered 3 to any question, please explain: _____
