



CLIENT NAME:
EMPLOYEE NAME:

CLIENT NAME:
EMPLOYEE NAME:

WEEK ENDING DATE		CLASSIFICATION				LICENSE NO.			
	DATE	TIME IN	TIME OUT	LUNCH BREAK(min.)	TIME IN	TIME OUT	Total Hrs	Notes	
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									
Sun									
TOTAL HOURS IN THE WEEK (NEAREST TO 1/4 HOUR)									

WEEK ENDING DATE		CLASSIFICATION				LICENSE NO.			
	DATE	TIME IN	TIME OUT	LUNCH BREAK(min.)	TIME IN	TIME OUT	Total Hrs	Notes	
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									
Sun									
TOTAL HOURS IN THE WEEK (NEAREST TO 1/4 HOUR)									

I Certify that the hours shown above represent my Total Hours Worked and that they were properly verified by the Client or by an authorized representative

I Certify that the hours shown above represent my Total Hours Worked and that they were properly verified by the Client or by an authorized representative

Employee Signature:

Employee Signature:

CLIENT AGREEMENT

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

Client agrees to pay 4 hours of wages for the last minute cancellations. Late calls will be charged the full 8 hours shift rate.

Client understands Access Therapies is not an employment agency and that its employees are assigned to render temporary service and not to become employed by client. Client agrees that in the event the named employee is employed by client within 90 days from the last day of work recorded here, client shall pay to Access Therapies no less than \$4,500 as a separation expense.

CLIENT AGREEMENT

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

Client agrees to pay 4 hours of wages for the last minute cancellations. Late calls will be charged the full 8 hours shift rate.

Client understands Access Therapies is not an employment agency and that its employees are assigned to render temporary service and not to become employed by client. Client agrees that in the event the named employee is employed by client within 90 days from the last day of work recorded here, client shall pay to Access Therapies no less than \$4,500 as a separation expense.

SIGNATURE OF AUTHORIZED CLIENT ONLY
--

SIGNATURE OF AUTHORIZED CLIENT ONLY
--