



MedFirst Staffing

Phone: (864) 421-0394

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PRESS FIRMLY, USE BALL POINT PEN.
YOU ARE WRITING THRU 5 PARTS.

SIGNATURE

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
SUN					
MON					
TUES					
WED					
THURS					
FRI					
SAT					
				TOTAL HOURS	

SOCIAL SECURITY NUMBER				HOLD	MAIL
FIRST NAME		MI	LAST NAME		
Is your assignment completed? Yes <input type="checkbox"/> No <input type="checkbox"/>		CIRCLE YOUR TITLE BELOW			
By signing this form I am confirming that I have had no unreported workers comp. accidents during this assignment.		Title: RN LPN CNA CSTR ALLIED HEALTH OTHER			
SCREENED AREA FOR OFFICE USE ONLY					
SHIFT	REG HOURS.	O.T. HOURS.	PAY RATE	BILL RATE	CLIENT NUMBER
REFERENCE #	PURCHASE ORDER #			JOB #	
Job site					
Client Name					
COMPANY AUTHORIZED SIGNATURE			<i>By my signature I agree to the terms and conditions on the reverse side.</i>		
X					
WRITE OUT HOURS WORKED:					
HOURS:			MINUTES:		

DETACH AND DISTRIBUTE ALL COPIES BEFORE MAILING OFFICE COPIES

OFFICE COPY

Dear Customer,

MedFirst Staffing, LLC (“MedFirst” or “Agency”) would like to thank you for giving us the opportunity to provide staffing services to your Company. Outlined below are our standard terms and conditions, which upon your signature, will apply unless otherwise contractually specified. The person signing this time sheet affirms that he/she is an authorized representative of Company, that the information and hours on this document are correct, and that the staffing services provided by MedFirst were satisfactory.

Four-Hour Minimum Charge

MedFirst requires a four (4) hour minimum charge for all personnel provided (unless unsatisfactory performance by the MedFirst employee is acknowledged). If any Agency personnel are scheduled for shifts of less than four (4) hours, MedFirst will bill Company for the four (4) hour minimum charge. Company must give Agency at least two (2) hours advance notice of cancellation of any scheduled shift. Company will be billed for the four (4) hour minimum charge if it fails to furnish the required notice.

Overtime

Company will be billed at a rate of one and one-half (1 1/2) times the applicable bill rate for any Agency employee who works more than forty (40) hours in a work week.

Holiday Rates

Company will be billed at one and one-half (1 1/2) times the applicable bill rate for any night, day and evening shifts worked on any of the following holidays: New Years Day, Memorial Day, the Fourth of July, Labor Day, Thanksgiving Day, Christmas Day. This Holiday Rate will apply to any hours on-call, worked, or visits made during the Holiday.

Invoice Terms

Company will be invoiced weekly for all personnel furnished. All bills are due and payable in full upon receipt of the invoice. A late payment charge of 1 1/2% per month will be added to any balance remaining unpaid 30 days from the date of invoice. In addition, Company will be responsible for any attorney’s fees, court costs, and/or collection fees incurred by MedFirst in the collection of any past due amounts.