



PHONE: (864) 421-0394 TOLL FREE PHONE: (888) 421-0395
 FAX: (864) 421-0397 TOLL FREE FAX: (877) 421-0397
 payroll@medfirststaffing.com

SUPERVISOR SIGNATURE *By my signature I agree to the terms and conditions on the reverse side.*

FIRST NAME		M.I.	LAST NAME				CUSTOMER NAME			JOB SITE / UNIT #		
EMPLOYEE SIGNATURE						LAST 4 NUMBERS OF SSN		EMPLOYEES: CHECK THE APPROPRIATE BOX(ES) BELOW AFTER EACH SHIFT WORKED.				HOLD CHECK <input type="checkbox"/>
								I HAVE RECEIVED A WORK-RELATED INJURY DURING THIS SHIFT*		I HAVE WITNESSED A MEDFIRST WORK-RELATED INJURY DURING THIS SHIFT*		MAIL CHECK <input type="checkbox"/>
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS	SUPERVISOR INITIALS		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*IF YOU ARE INJURED ON THE JOB, OR WITNESS ANOTHER MEDFIRST EMPLOYEE GET INJURED ON THE JOB, IT IS YOUR RESPONSIBILITY TO NOTIFY MEDFIRST AT ONCE TO PROVIDE DETAILS.
SUN								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MON								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TUE								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
WED								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
THU								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
FRI								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SAT								YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
WRITE OUT HOURS WORKED HOURS:		MINUTES:		TOTAL HOURS				CIRCLE YOUR TITLE: NP RN LPN CMA CNA OTHER _____				
SHADED AREA FOR OFFICE USE ONLY		REGULAR HOURS:		OVERTIME HOURS:		HOLIDAY HOURS:		TOTAL HOURS:		NOTES:		



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