			EMPLOYEE NAME:					Contact Staffing Phone: 630-472-1122 Fax: 630-472-1148
No	UDUT		EMPLOYEE TITLE: RN LPN CNA CNA-1:1 OTHER					Email: staffing@novastaff.com
M	VAST	HFF -	CLIENT NAME/LOCATION:					Contact Payroll
Please use a separate timecard for each client and each pay period.							eriod.	Phone: 815-462-1115 Fax: 888-310-6682 Email: time@novastaff.com
DAY	DATE	START TIME	END TIME	DEPT/UNIT	HOURS	REASON FOR OVERAGE	CLIENT INIT	CLIENT SUPERVISOR SIGNATURE
Sat	/ /	AM PM	AM PM					
Sun	/ /	AM PM	AM PM					
Mon	/ /	AM PM	AM PM					
Tue	/ /	AM PM	AM PM					
Wed	/ /	AM PM	AM PM					
Thu	/ /	AM PM	AM PM					
Fri The Client	/ /	AM PM	AM PM greement to the follow	ing torms:				
I agree to terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 18% per annum, together with all collection and litigation costs, plus interest and reasonable attorney's fees. I recognize the rights of NOVASTAFF HEALTHCARE SERVICES INC. as the employer, and I agree not to employ directly in any capacity the person named hereon without first providing NOVASTAFF HEALTHCARE SERVICES INC. with at least sixty (60) working days written notice following the termination of this assignment. I certify that the hours shown above are correct and that the employee performed satisfactorily. EMPLOYEE SIGNATURE: I, the Employee, certify that the hours shown above represent my total hours worked for this assignment and that they were properly verified by the Client or by an authorized representative of the Client. PAYROLL NOTES:								CLIENT: Please evaluate our staff's performance. O=Outstanding S=Satisfactory U=Unsatisfactory PATIENT CARE TECHNIQUE O S U DOCUMENTATION METHOD O S U EFFECTIVE COMMUNICATION O S U Eval. Signature/Date:
L								
EMPLOYEE NAME:							Contact Staffing	
							Phone: 630-472-1122 Fax: 630-472-1148 Email: staffing@novastaff.com	
EMPLOYEE TITLE: RN LPN CNA CNA-1:1 OTHER CLIENT NAME/LOCATION:							Contact Payroll	
Image: Control of the contro								Phone: 815-462-1115 Fax: 888-310-6682 Email: time@novastaff.com
DAY	DATE	START TIME	END TIME	DEPT/UNIT	HOURS	REASON FOR OVERAGE		CLIENT SUPERVISOR SIGNATURE
Sat	/ /	AM	AM	DEI I/ ONIT	Hooko			
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Mon	/ /	AM	AM					
Tue	/ /	AM	AM					
Wed	/ /	AM PM	AM PM					
Thu	/ /	AM PM	AM PM					
Fri	/ /	AM PM	AM PM					
The Client signature on this timecard guarantees agreement to the following terms: I agree to terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 18% per annum, together with all collection and litigation costs, plus interest and reasonable attorney's fees. I recognize the rights of NOVASTAFF HEALTHCARE SERVICES INC. as the employer, and I agree not to employ directly in any capacity the person named hereon without first providing NOVASTAFF HEALTHCARE SERVICES INC. as the employer, and I agree not to employ directly in any capacity the person named hereon without first providing NOVASTAFF HEALTHCARE SERVICES INC. with at least sixty (60) working days written notice following the termination of this assignment. I certify that the hours shown above represent my total hours worked for this assignment and that they were properly verified by the Client or by an authorized representative of the Client. PAYROLL NOTES:								
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NOUTOFF EMPLOYEE TITLE: RN LPN CNA CNA-1:1 OTHER							Email: staffing@novastaff.com	
NOVASTAFF EMPLOYEE TITLE: RN LPN CNA CNA-1:1 OTHER CLIENT NAME/LOCATION:							<i>Contact Payroll</i> Phone: 815-462-1115 Fax: 888-310-6682	
Healthcare Uservices, Inc. Please use a separate timecard for each client and each pay period.							Email: time@novastaff.com	
DAY	DATE	START TIME	END TIME	DEPT/UNIT	HOURS	REASON FOR OVERAGE	CLIENT INIT	CLIENT SUPERVISOR SIGNATURE
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Sun	/ /	PM AM	PM AM					
Mon	/ /	PM	PM AM					
Tue	/ /	PM	PM					
Wed	/ /	PM	PM					
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The Client	signature on this t	PM imecard guarantees a	PM greement to the follow		1	1	1	
litigation c to employ written not EMPLOY	tice following the terms of terms of the terms of		CLIENT: Please evaluate our staff's performance. O=Outstanding S=Satisfactory U=Unsatisfactory PATIENT CARE TECHNIQUE O S U DOCUMENTATION METHOD O S U EFFECTIVE COMMUNICATION O S U					
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