



EMPLOYEE NAME: _____

EMPLOYEE TITLE: RN LPN CNA CNA-1:1 OTHER

CLIENT NAME/LOCATION: _____

Please use a separate timecard for each client and each pay period.

Contact Staffing
 Phone: 630-472-1122 | Fax: 630-472-1148
 Email: staffing@novastaff.com

Contact Payroll
 Phone: 815-462-1115 | Fax: 888-310-6682
 Email: time@novastaff.com

DAY	DATE	START TIME	END TIME	DEPT/UNIT	HOURS	REASON FOR OVERTIME	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	/ /	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 herein 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: _____



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