SOS Healthcare Staffing
matching needs with talent

Client/Facility: _____

Name: _____

Signature: _____

Skill: _____

Shift Start Date MM/DD/YY	Shift Worked	Start Time	Finish Time	Reg. Hours	Authorized Client Signature	Unit or Floor
	D E N					

Nursing Supervisor/Dept. Manager approval (printed name and initials are required for all scheduled overtime shifts)	OT Hours	Print Supervisor Name _____ Supervisor Initials _____

For each shift lasting 6 (six) hours or longer, a rest or lunch break of 30 minutes is included, and will be deducted automatically from your paid time. If you work through your break, you MUST have your Nursing Supervisor or Department Manager initial here _____ in order to be paid for your time.

QUICK EVALUATION – *Please help us to monitor employee performance and assist in meeting JCAHO requirements. This may be completed now or faxed to the local SOS office after the employee's departure.*

Did the employee meet your expectations in the following areas?

Please answer: 1. Outstanding 2. Good 3. Needs Improvement

Attendance ____ Quality of Work ____ Attitude ____

Nursing Ability ____ Productivity ____ Overall Performance ____

If you answered 3 to any question, please explain: _____

_____

CLIENT AGREEMENT – This is to certify that this employee of SOS Healthcare Staffing has worked the hours shown on this assignment sheet. I agree to pay SOS Healthcare Staffing accordingly for _____ hours at SOS Healthcare Staffing' customary rate. I agree to terms of net upon receipt and to pay interest on unpaid balance after one week at the rate of 18% per year on the highest rate allowed by law in this state. Should my account be turned to a collection agency, I agree to pay all collection cost and/or attorney's fees. I recognize SOS Healthcare Staffing as the employer of this person and agree not to hire or have any financial transactions with her (him) without permission of SOS Healthcare Staffing.

It is understood that the individual signing this time sheet is an authorized representative of client and hereby certifies that the hours are correct and that the work was performed satisfactorily.

_____ DATE _____

CLIENT APPROVAL: I have read, understand and accept the terms and conditions on this document.

_____

CLIENT PRINTED NAME/TITLE

_____ DATE _____

EMPLOYEE APPROVAL: I have read, understand and accept the terms and conditions on this document. I sustained no injury and report that no accident occurred during my shift.

Terms and Conditions

Client:

Client agrees that by signing this document it certifies that the Worker worked the time indicated and that such work was performed in a satisfactory manner. Furthermore, Client agrees that because it recognizes the expense incurred by SOS Healthcare Staffing in training its Workers, that it shall not employ any such Worker for a period of ninety (90) days following the completion of services rendered to the Client. In the event the Client violates the above condition, this Client will pay SOS Healthcare Staffing the sum of Five Thousand Dollars ($5000.00) as liquidated damages.

The parties agree that Client's exclusive remedy and the sole liability of SOS Healthcare Staffing for claims of any kind or nature as to the services rendered by the Worker shall be limited to the amount of compensation to be paid to SOS Healthcare Staffing for such service.

A request for a SOS Healthcare Staffing Worker, in an institutional setting, is considered a "late call" if the request is received (1) hour or less prior to, or anytime after, the "normal" starting time of the shift of the requesting institution. Client will be billed for the full eight (8) hours if a SOS Healthcare Staffing Worker is provided unless other arrangements have been previously made with SOS Healthcare Staffing.

Worker:

I agree by signing, not to seek employment with any Client of SOS Healthcare Staffing for a period of ninety (90) days after the end of my employment with SOS Healthcare Staffing. In the event the employee violates this agreement, the employee will pay SOS Healthcare Staffing Five Thousand Dollars ($5000.00) as liquidated damages.

By signing, I certify that I did not receive any injuries during this assignment. I understand that I am to contact SOS Healthcare Staffing immediately in the event of any accident or incident during this assignment.

ALL UNSIGNED TIME SLIPS WILL BE RETURNED TO THE WORKER TO SIGN BEFORE BEING ISSUED A CHECK.

I certify that the hours shown here were worked by me and were properly certified by Client, or by an authorized representative of named Client.

*Must have client and SOS Healthcare Staffing approval.

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White & Canary - Office Copy • Pink - Employee Copy • Goldenrod - Facility Copy