

PRO MED STAFFING, INC.

10100 Orland Parkway, Suite 100

Orland Park IL 60467

Phone: (708) 349-1080

Fax: (708) 349-1590

NAME OF FACILITY

UNIT

PRINT YOUR NAME

CLASSIFICATION

YOUR SOCIAL SECURITY NUMBER

| DAY | DATE | TIME IN | ORGE | TIME OUT | ORGE | OFF DUTY TIME | HOURS/VISITS | CLIENT SIGNATURE | WEEK ENDING (SATURDAY) | | |
|------------------|------|---------|----------|--------------|----------|---------------|--------------|--|--|-----|------|
| SUN | | | AM PM | | AM PM | | | | MONTH | DAY | YEAR |
| MON | | | AM PM | | AM PM | | | | | | |
| TUE | | | AM PM | | AM PM | | | | IMPORTANT! | | |
| WED | | | AM PM | | AM PM | | | | CLIENTS AUTHORIZED SIGNATURE MUST APPEAR DAILY! BY SIGNING THIS TIME SLIP YOU (THE CLIENT) CONFIRM THE EMPLOYEE'S TIME AS SHOWN AND REPRESENT THAT YOU HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS OF THE CONTRACT | | |
| THU | | | AM PM | | AM PM | | | | | | |
| FRI | | | AM PM | | AM PM | | | | | | |
| SAT | | | AM PM | | AM PM | | | | | | |
| ACCOUNTING DEPT. | | | | TOTAL | | | | I CERTIFY THAT THE HOURS SHOWN REPRESENT MY TOTAL HOURS WORKED DURING THE WEEK AND THAT THEY WERE PROPERLY VERIFIED. | EMPLOYEE MUST SIGN HERE X | | |

WHITE - OFFICE YELLOW - OFFICE PINK-EMPLOYEE