Weekly Timesheet



Unique Nursing Service

111 West 10 Street Kansas City, MO 64105-1700

Office: 816-608-3605 OR Fax: 816-608-3606

| DAY | Date | Unit | Start | Break-Out | Break-In | Finish | Total | Overtime | Authorized Signature | |
|---|--|------|-------|-----------|----------|--|-------|----------|----------------------|--|
| SUNDAY | | | | | | | | | | |
| MONDAY | | | | | | | | | | |
| TUESDAY | | | | | | | | | | |
| WEDNESDAY | | | | | | | | | | |
| THURSDAY | | | | | | | | | | |
| FRIDAY | | | | | | | | | | |
| SATURDAY | | | | | | | | | | |
| I hereby certify that the hours as detailed above represent my total hours worked and that they were properly verified by the Client or by an Authorized Representative | | | | | | | | | | |
| l | Theory courry that the nours as detailed above represent my total nours worked and that they were property vertified by the Cheft of by an Adulorized Representative | | | | | | | | | |
| X | | | | | | | Х | | | |
| Employee signature Date | | | | | | Supervisor signature or Client Representative Date | | | | |
| I certify that the hours shown above are correct and that the employee performed satisfactorily. See Client Service Agreement Below for Additional Terms. | | | | | | | | | | |
| Client Service Agreement | | | | | | | | | | |
| In recognition of substantial efforts made by Unique Nursing Service of the Midwest in providing qualified staff to clients, in the event that the client employs or retains as a contractor any of Unique Nursing Service of the Midwest employee provided to the client at any time within twelve months prior to such employment/retention by the client, then the client agrees to pay Unique Nursing Service of the Midwest employee provided to the client at any time within twelve months prior to such employment/retention by the client, then the client agrees to pay Unique Nursing Service of the Midwest employee. Unique Nursing Service will bill the client weekly for services rendered. Client agrees to pay invoices within 30 days upon receiving invoices. However, if the weekly invoice is associated with "Hazzard Pay" then it will be due upon receipt and subsequently will be late after 14-days post the billing date and subject to late fees. Any fees or expenses incurred by Unique Nursing Service of the Midwest in collection shall be paid by the client. Client acknowledges that employee is employed by Unique Nursing Service of the Midwest during the term of his/her assignment to client and that the supervision of employee uses any protective equipment necessary to perform the assignment safely. Client will not allow a Unique Nursing Service of the Midwest's employee to operate equipment, machinery, or vehicles without prior specific written consent from Unique Nursing Service of the Midwest. Client is at liberty to terminate employee's assignment at any time by providing notice to Unique Nursing Service of the Midwest's employee to assignment. The client agrees that before any sale of the business (stock or assets) or the transfer(change) of any ownership in the business, all outstanding Unique Nursing Service of the Midwest's invoices must be paid in full. The client agrees it will be the responsible for paying Unique Nursing Service of the Midwest invoices before any changes in ownership occurs. | | | | | | | | | | |
| Client Facility agrees that it will, at all times, internality Unique Nursing Service of the Midwest, and hold it harmless for any and all losses and claims that may result because of negligence on the part of the Client Facility, its agents, representatives, supplemental staff nurse(s) or employees. | | | | | | | | | | |
| Client Facility has in place Organizational Responsibility Plan that has as its goal to ensure the Client Facility complies with the federal, state, and local laws and regulations. It focuses on risk Management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and prevention of misconduct. Unique Nursing Service of the Midwest acknowledges Client Facility's commitment to organizational responsibility and agrees to conduct all business transactions which occur pursuant to the Agreement in accordance with the underlying philosophy and objectives of organizational responsibility adopted by Client Facility. | | | | | | | | | | |

Week of:

Department:

Supervisor: