

Office: (520) 731-8000 Fax: (520) 731-8001

altrahealthcare.com

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<i>P</i>	All changes MU	JST be initi	aled by facilit	y including o	vertime or la	ck of mealt	ime.
	DATE	AREA	TIME	TIME FINISHED	LUNCH	HOURS	CLIENT APPR'VD
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	y that the hou was initialed b						facility a
Employee Signature					Date		
	acknowledges ne slip.	and here	by agrees to	the terms ar	nd conditions	on the rev	erse side
Facility Signature					Date		

Facility Agrees:

- 1. The hours worked are correct and that the work has been performed in a satisfactory manner.
- 2. Facility shall not entrust the employee of Altra with unattended premises, ash, negotiables, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from Altra; Altra's insurance does not cover loss or damage caused by the Employees or Altra operating Facility owner or leased motor vehicle(s) and the Facility therefore accepts full responsibility for claims.
- 3. Employees are not authorized to accept, have custody of, or to use cash, credit cards or other valuables of the Facility.
- 4. Altra has made substantial investment in the recruitment, screening and training of its Employees and incurs significant administrative and marketing expenses in connection with services for the Employee named on the reverse side. In consideration thereof, the Facility agrees not to hire or engage on a direct or indirect basis or through any otger entity the services of the Employee for a minimum period of one year after the last date designated on this time sheet. In the event the Facility hires or engages the services of the Employee in violation of the above paragraph, Facility agrees to pay Altra liquidated damages equal to 40 hours of service by the Employee times 13 weeks, at the current billable rate for each such Employee.
- 5. Facility agrees that this account is due upon receipt and agrees to pay all collection costs, including attorney's fees in the collection of this account.