



Office: (520) 731-8000

Fax: (520) 731-8001

altrahealthcare.com

NAME: _____

NP RN LPN EMT BHT
CNA MA Other _____

FACILITY: _____

All changes MUST be initialed by facility including overtime or lack of mealtime.

	DATE	AREA	TIME STARTED	TIME FINISHED	LUNCH	HOURS	CLIENT APPR'VD
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							
					TOTALS		

I certify that the hours shown above represent my total hours worked and the facility approval was initialed by the facility or an authorized representative of the facility.

Employee Signature _____ Date _____

Facility acknowledges and hereby agrees to the terms and conditions on the reverse side of this time slip.

Facility Signature _____ Date _____

Office—White Facility—Yellow Employee—Pink

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 other 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.