



Employee Name: _____ Client Name: _____

Title: _____ Week Ending: _____

Employee:

I certify that the time worked as shown is true and accurate and was worked by me during the days indicated and was properly certified by the client or clients' representative at the bottom thereof. I also certify that I did not receive any injuries during this assignment. I understand that I am to contact Allied for You, a division of O.R. Nurses, Inc. immediately after completing the assignment.

ALL UNSIGNED TIME SLIPS WILL BE RETURNED TO THE EMPLOYEE WITHOUT A CHECK

SIGNATURE X: _____

| DAY | DATE | UNIT | TIME STARTED | TIME FINISHED | LUNCH | TOTAL | APPROVAL | O.R. NURSES |
|---|------|------|--------------|---------------|-------|-------|----------|-------------|
| SUNDAY | | | | | | | | |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| SATURDAY | | | | | | | | |
| TOTAL TIMES FOR WEEK TO NEAREST ¼ HOUR | | | | | | | | |

CLIENT SHALL NOT PAY OR ADVANCE ANY MONEY TO EMPLOYEE AND MAY NOT ASSERT ANY SUCH PAYMENT AS A SETOFF AGAINST ALLIED FOR YOU / O.R. NURSES, INC.

CLIENT SIGNATURE X: _____

ATTENTION: Please have supervisor sign each shift completed above.

COMMENTS: