



Client Name
Employee Name

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Employee Name

WEEK ENDING DATE	CLASSIFICATION	LICENSE NO.

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DAY	DATE	TIME STARTED	TIME FINISHED	REGULAR HOURS	OVERTIME HOURS	CLIENT OVERTIME APPROVAL
MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

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MON						
TUES						
WED						
THUR						
FRI						
SAT						
SUN						

TOTAL HOURS TO NEAREST 1/4 HOUR		
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I Certify that the hours shown above represent my Total Hours Worked and that they were properly verified by the Client or by an authorized representative

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EMPLOYEE'S SIGNATURE:

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CLIENT AGREEMENT

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

I certify that the named employee has worked the hours listed on this time sheet in a satisfactory manner. Client agrees to terms of net upon receipt and to pay interest on unpaid accounts over 30 days at the rate of 22% per annum, together with all collection and litigation costs, plus interest and reasonable attorney fees.

Client agrees to pay 4 hours of wages for the last minute cancellations. Late calls will be charged the full 8 hours shift rate.

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Client understands Access Therapies is not an employment agency and that its employees are assigned to render temporary service and not to become employed by client. Client agrees that in the event the named employee is employed by client within 90 days from the last day of work recorded here, client shall pay to Access Therapies no less than \$4,500 as a separation expense.

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SIGNATURE OF AUTHORIZED CLIENT ONLY:

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24 HOUR SERVICE - DEDICATED TO SERVING YOU

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