

CARING R

STAFFING AGENCY

1908 RIVER ST
HYDE PARK, MA 02136

TEL: 617-276-9429

FAX: 617-6077222

WEEKLY TIME RECORD PLEASE FAX BY MONDAY WEEKLY 617-6077222

Client/Hospital: _____ CITY _____

Name: _____ TITLE _____

Week of: _____ / _____ / _____ to _____ / _____ / _____ Specialty/Unit: _____

DAY	DATE	IN	OUT	BREAK	TOTAL HOURS	FACILITY SIGNATURE				TOTAL
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
				Extrainfo						
				Total						

Employee Signature: _____ Date: _____

I certify that the hours shown above represent my true hours worked and that no injury occurred during the shift. I recognize the rights of CARING R US,LLC. as the employer and agree not to be employed by the client/facility identified above, directly or indirectly, for a period of one hundred eighty (180) days from the termination of this assignment without approval of CARING R US,LLC.

FACILITY Signature: _____ Date: _____

I am an authorized representative of the client facility and the information above is accurate and all services provided were satisfactory. This client facility recognizes CARING R US,LLC as the employer and agrees not to hire the employee identified above, directly or indirectly, for a period of one hundred eighty (180) days from the termination of this assignment without approval of CARING R US,LLC.