

MED-POOL PROFESSIONALS INC.

MEDICAL STAFFING AGENCY

"Permanent Solutions to Temporary Staffing Needs"

Denver, CO
Ofc: (303) 393-7737
Fax: (303) 300-3433

Fort Collins, CO 80521
Ofc: (970) 461-2711
Fax: (970) 461-0205

Today's Date ___ / ___ / ___ Week Ending Date (Sunday) ___ / ___ / ___

Facility _____

Address _____

City/State _____ Unit/Station Worked _____

Zip _____ Supervisor in Charge _____

Employee Name _____

Classification CNA ___ LPN ___ RN ___ Other _____

Time In: _____

Total Lunch: _____

Time Out: _____

Total Hours: _____

Late Call: Yes ___ No ___

DO NOT WRITE IN THIS SPACE

Date _____

Client # _____

Check # _____

M.P.P. Approval _____

Employee Notice: You Must Fill Out This Time Card Agreement Completely. Round daily totals to the nearest quarter hour (.25). **Have your client supervisor verify hours and sign.** I certify that this time card is complete, that the hours stated are correct and that the work was performed in a satisfactory manner.

Employee Signature: X _____ Date: ___ / ___ / ___

M.P.P. Customary Rate. I agree to terms of net upon receipt and to pay interest on unpaid balance after 60 days at the rate of 18% per year on the highest rate allowed by law in the state. Should my account be turned to collection agency, I agree to pay all collection cost and/or attorney's fee.

I recognize M.P.P. as the employer of this person and agree not to hire or have any financial transactions with her (him) without permission of M.P.P.

Authorized Client Signature: _____ Date: ___ / ___ / ___

Supervisor In Charge Comments: _____

White - Office Copy Canary - Employee Copy Pink - Client Copy