



TheraEX Staffing Services
812 1st Street, Suite A
Brentwood, CA 94513

Phone: (888)879-5321
Fax: (415)937-6882

TIMESHEET

EMPLOYEE NAME: _____ DISCIPLINE: PT PTA OTR COTA SLP SLPA

EMPLOYEE # _____ RN LVN CNA MA

| CLIENT: | | FACILITY: | | | | A/R CODE: | | | MIN | CLIENT |
|--------------------------|-----------|-----------|------|-------------|-------------|-------------|-------------|----|-----|--------------------|
| DATE | DAY | IN | OUT | IN | OUT | TOTAL HOURS | TRAVEL TIME | OT | | APPROVAL SIGNATURE |
| | Monday | | | | | | | | | |
| | Tuesday | | | | | | | | | |
| | Wednesday | | | | | | | | | |
| | Thursday | | | | | | | | | |
| | Friday | | | | | | | | | |
| | Saturday | | | | | | | | | |
| | Sunday | | | | | | | | | |
| MILEAGE ODOMETER READING | | | | | TOTAL MILES | TOTALS | | | | |
| START | STOP | START | STOP | TOTAL MILES | COMMENTS: | | | | | |
| | | | | | | | | | | |
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*****All Total Hours MUST be rounded to the nearest quarter hour.....Invoices & payroll will reflect quarter hours (.00, .25, .50, .75)*****

I understand that I am entitled to rest periods each workday at the rate of 10 minutes for each four (4) hours of work, or major fraction thereof. By signing below, I acknowledge that I was authorized and permitted to take my rest periods during each work

****IF HOURS WORKED FALL BELOW THE REQUIRED MINIMUM A CHECK IN THE MINIMUM BOX AND SIGNATURE ARE REQUIRED.****

***** ALL HOURS INCLUDING OVERTIME MUST BE APPROVED BY A FACILITY REPRESENTATIVE.*****

*****OVERTIME WILL ONLY BE PAID IF APPROVED IN WRITING BY THE SUPERVISOR*****

ALL OVERTIME HOURS WILL BE PAID AND BILLED ACCORDING TO FEDERAL AND STATE LAW.

Working unauthorized overtime without supervisor approval is grounds for disciplinary action, up to and including termination.

I agree to abide by the terms outlined in my contract or pay interest per annum as defined, or the maximum amount allowed under State law, together with all collection & litigation costs, plus interest and reasonable attorney's fees. In recognition of substantial efforts made by TheraEX Rehab Services in providing qualified staff to me. Client agrees the above individual has worked the hours indicated and agrees to pay for said services as previously agreed upon by clients representatives and TheraEX Rehab Services. Further, client agrees that utilization of this employee on either a temporary or full time basis within months from date on timesheet will be through TheraEX Rehab Services. If client desires to hire this person, it is agreed that written notification of this intent will be given to TheraEX Rehab Services and this individual will be released to the client for a recruitment fee as outlined in the Client Contract. I certify that the hours shown above are correct and that the employees performed satisfactorily.

I have not incurred work related injury during the above stated time

EMPLOYEE SIGNATURE: _____

CLIENT/FACILITY REP SIGNATURE: _____

TIMESHEETS MUST ARRIVE BY 9 A.M. MONDAYS OR PAYMENT WILL BE DELAYED 1 WEEK