Draft

CLINICOR Time Card

Medical and Clinical Staffing

17 Washington Ave N, Suite 570, Minneapolis, MN 55401 Phone: 612.977.1470 Fax: 612.371.6250 www.MyClinicor.com

Week Ending Sunday (MM/DD/YYYY) __ __ / __ __ / __ __ __ __

Social Security Number __ __ __ - __ __ - __ __ __ __

Assignment Number

First Name **Last Name** **M**

*** Please leave unused boxes blank ***

	Date MM	/ DD	/ YY	Time-In HH : MM	Lunch-Out HH : MM	LUNCH	Lunch-In HH : MM	Time-Out HH : MM	Daily Total HH : MM
Mon	/	/		:	:		:	:	.
Tue	/	/		:	:		:	:	.
Wed	/	/		:	:		:	:	.
Thu	/	/		:	:		:	:	.
Fri	/	/		:	:		:	:	.
Sat	/	/		:	:		:	:	.
Sun	/	/		:	:		:	:	.

Job Status

- ○ Job is complete
- ○ I will be returning

Time card must be in our office by 12:00pm (noon) Tuesday.
Clinicor: phone (612)977-1470 fax (612)371-6250 OE/AA

I hereby certify that the hours shown hereon were worked by me during the week-ending designated and were certified by an authorized representative of the client. I understand that I am to contact the Clinicor office upon completion of this assignment to discuss another assignment. If I do not do so, Clinicor may assume I am not available for work.

CAUTION TO EMPLOYEE: PAYCHECK ISSUED ONLY IF TIME CARD IS SIGNED BY CLIENT.

Total hours worked this week this assignment

Straight Time	Overtime
.	.

Client Name

Division or Department

Client approval indicates acceptance of the terms and conditions printed below

X ______________________________
Employee Signature

X ______________________________
Authorized Client Signature

Duly authorized on behalf of the above client, the undersigned hereby acknowledges that the hours documented are accurate and that all work performed was satisfactory. Also, undersigned confirms previous agreement between Clinicor and Client regarding services performed as well as any future services in that Client shall not entrust any Clinicor employee(s) with cash, negotiables, other valuables, or unattended premises or authorize said employee(s) to operate machinery or motor vehicle(s) without prior written consent from Clinicor. Any losses or damages caused by any employee(s) operating Client's owned or leased motor vehicle(s) is not covered by Clinicor insurance. Client accepts full responsibility for any claims including defense thereof involving property damage, bodily injury, fire, theft, collision, materials damage, or public liability damage resulting from a Clinicor employee operating any Client's motor vehicle(s) or arising of or involving violation of Client's obligation to obtain written permission from Clinicor as previously noted.

Clinicor is not responible for any or all claims presented under its Fidelity Bond unless such claim(s) are offered in writing by Client within 10 days following occurence, Client shall indemnify and hold Clinicor harmless from all fines, penalties and assessments including legal fees incurred by Clinicor resulting from alleged violation(s) of any Federal, State, County, or Municipal law, statute, regulation,or ordinance relating to premises owned and/or controlled by Client and to which Clinicor employee(s) are on assignment.

Client respects Clinicor employer-employee relationship with all its personnel and honors the obligation to make notification of all issues concerning their employment, job assignment, pay procedures, rules and regulations, etc. to recognized Clinicor representative(s).

Client understands that Clinicor is not an employment agency. In the event the temporary employee becomes employed by Client, Client will agree to pay Clinicor a liquidation fee which is based on the first year's annual salary. Client also understands that there is a four hour minimum charge on all orders.

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0