

Employee Name: _____

NurseCore Office: _____

Date: _____

Day of the Week:				Date:			
	Start Time	Finish Time	Total Time	Client	Odo Begin	Odo End	Total Miles
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Day of the Week:				Date:			
	Start Time	Finish Time	Total Time	Client	Odo Begin	Odo End	Total Miles
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Employee Signature: _____ Date: _____

I certify that the hours shown above represent my total hours, are true and correct, and that they were properly verified by the client or an authorized representative. I understand that falsification of this document is against Company policy and is grounds for immediate dismissal.

Must be received by 11:00 am Monday for Weekly Pay or 11:00 am weekdays for Instant Advance.

Client Agreement: I agree to the terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 1 ½ % per month on unpaid balances (ANNUAL PERCENTAGE RATE OF 18%) or the maximum legal interest rate, whichever is lower, together with reasonable attorney's fees. I recognize the rights of NurseCore as the employer and agree not to employ directly in any capacity their person named hereon without first providing NurseCore with at least ninety (90) days written notice, facility shall pay NurseCore a finders fee of \$10,000 for each nurse employed and \$5,000 for each non-licensed employee employed. I certify that the hours shown above are correct and that the employee performed satisfactorily.