



STAFFING PARTNERS

8625 SW Cascade Avenue, Suite 101
Beaverton, OR 97008

503-626-2068 Medical Line 24/7
503-644-1945 Office
503-644-1475 Fax

Saturday

Week Ending Date: ___/___/___ Shift Date: ___/___/___

Late Call? Yes No (Late Call will be billed at Full Rate)

Day: S M T W T F S Shift: Day Eve NOC Weekend

Classification: CNA CMA LPN RN Other _____

Facility Name (do not abbreviate) _____

Employee Name _____

Time In _____ A.M. P.M. Time Out _____ A.M. P.M.

Lunch Out _____ In _____ Mileage if Applicable _____

No Lunch
Charge Nurse Signature _____ Explanation _____

CNA Total Hrs = 7.5 (Rounded to the nearest 1/4 hour)
If not _____
Charge Nurse Signature _____ Explanation _____

RN, LPN, CMA Total Hrs = 8.0 (Rounded to the nearest 1/4 hour)
If not _____
Charge Nurse Signature _____ Explanation _____

Is employee eligible to return? Yes No

Client Signature _____ Date _____

Client: I have read, understand and accept the terms and conditions on reverse side. I agree hours worked are true and correct.

Employee Signature _____ Date _____

Employee: I have read, understand and accept the terms and conditions on reverse side. I agree hours worked are true and correct.

TERMS AND CONDITIONS

This is a contract between Staffing Partners, LLC and its client. It includes our terms and conditions. Read before signing.

The individual signing this time card is an authorized representative of the client company and hereby certifies that the hours worked as indicated on the front side of the time card are true and correct and that the work was performed in a satisfactory manner.

We (the client) understand that the temporary help supplied by Staffing Partners, LLC is the result of substantial expense on the part of Staffing Partners, LLC in terms of time and money spent for the advertising, screening, testing, and training of its personnel. Therefore, in consideration of this service, we agree that if any employee named herein is employed by another employee leasing company or other temporary help agency through whom we hire personnel, during a temporary assignment or within one (1) year after the temporary assignment, we hereby agree to pay Staffing Partners, LLC a settlement fee equivalent to the permanent fee of 10% per thousand dollars of annual salary up to a maximum of 30% of annual salary. The minimum settlement fee is at least five thousand dollars (\$5,000.00).

We understand that the supervision of the assigned employee for the agreed upon duties is our responsibility.

We agree not to authorize any Staffing Partners, LLC employee to operate any motor vehicles or equipment or dispense or administer medication without first obtaining written consent from Staffing Partners, LLC. We agree to accept full responsibility for any bodily injury, physical loss, property damage or liability including fire, theft or collision caused or incurred by a Staffing Partners, LLC employee while said employee is operating any of the aforementioned vehicles or equipment or dispensing or administering medication without written consent.

We (the client) further agree to provide all general and specific safety training necessary to perform the assignment, including safety information regarding exposure to hazardous substances, and to provide Staffing Partners, LLC employees protective equipment that is legally required or necessary to perform the assignment safely, and to ensure that the employee uses said equipment.

The client's exclusive remedy and Staffing Partners, LLC's sole liability for claims of any nature as to the services rendered by the employee shall be limited to the amount of compensation to be paid Staffing Partners, LLC. Failure to give written notice of claim within ten (10) days after occurrence shall constitute a waiver by client.

The Staffing Partners, LLC's employee is compensated on a daily or weekly basis. Therefore, we (the client) will be billed weekly. Payment will be due upon receipt. We will be billed for the hours shown on the front side at the agreed upon rate. We understand that installment payments are not allowed. Accounts not paid in full within the above time shall bear a finance charge of 2.0% per month (and annual percentage rate of 25%). In the event that we fail to pay charges to Staffing Partners, LLC when due (whether for temporary services or settlement fees), we (the client) shall pay all collection fees and/or Staffing Partners, LLC and its employees by reasons of our (the client) failure shall pay all collection fees and/or litigation cost plus reasonable attorney's fees.

We hereby warrant that we (the client) are in compliance with all laws, rules and regulations of duty continued governmental bodies concerning Staffing Partners, LLC or any other employees and agree to indemnify and hold Staffing Partners, LLC harmless from any and all damages, claims, suits, demands, or other causes of action which may rise or be asserted against Staffing Partners, LLC and its employees by reasons of our (the client) failure to comply with the same.

EMPLOYEE AGREEMENT

I agree to contact the Staffing Partners, LLC office after completion of each assignment.

I understand that by my signature on this time card I am agreeing that the indicated hours worked are true and correct, while working for Staffing Partners, LLC. I also understand that time card forgery, fraud, theft, or embezzlement may constitute a crime, resulting in a report to the Board of Nursing and appropriate authorities for further action.

I agree to contact Staffing Partners, LLC in event that I am asked to perform work or operate equipment which seems unsafe.

In the event that I am injured while working on any assignment for Staffing Partners, LLC, I agree to immediately contact Staffing Partners, LLC. Failure to do so may result in the delay/denial of my benefits.

I agree I will not accept or solicit employment with Staffing Partners, LLC's contracted clients without a written consent release of Staffing Partners, LLC.

I agree to pay Staffing Partners, LLC a minimum of \$3000 for a placement employment fee if I accept employment without written approval from Staffing Partners, LLC (payment due upon employment with Staffing Partners, LLC's contracted clients).