



600 West Cummings Park, Suite 5000
 Woburn, MA 01801
 888.RN.FOCUS (763-6287)

FAX: 888.803.6555

EMPLOYEE NAME
FACILITY

	DATE	START	END TIME	LESS	HOURS	UNIT/ FLOOR	AUTHORIZED SIGNATURE
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

ROUND ALL HOURS TO NEAREST
 1/4 HOUR

TOTAL HOURS ⇒

EMPLOYEE SIGNATURE

I hereby certify that the hours shown above were worked by me and were certified by an authorized employee of the above named facility.

Terms and Conditions: Authorized signature certifies that the above hours are correct and that the employee performed satisfactorily. I recognize the right of FOCUS CARE, Inc. as the employer. As a hospital client, I will not employ directly the nurse named above until she/he has worked a minimum of 13 weeks at the hospital thru FOCUS CARE, Inc. during a 12 month period. I agree to the terms of net due upon receipt of invoices and to pay interest on unpaid accounts over 30 days from receipt of invoices at the rate of 1.5% per month, together with all collection, litigation and attorney costs on accounts not paid within 90 days.