

SurgiStaff

Sign-In Sheet

Division of HiTech Searches, Inc.

Main 800-603-6664

707-265-9180

Fax 707-265-9182

Employee _____

Week Ending _____

Hospital/Facility _____

Classification _____

City _____ Unit _____

Shift Length _____ Date _____

Please note days and hours worked on sheet below. You will need to have an authorized company signature to verify your hours worked. Please make sure the document is complete before faxing to (707) 265-9182.

Line #	Date Onsite	Shift Time-In	Break Period	Shift Time-Out	Regular Hours	O.T. Hours	Call Hours	Called-In Hrs	Assignment Comments
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
Totals									

I agree to the terms of Net Upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 1.5% per month, together with reasonable attorney's fees if necessary. I recognize the rights of HiTech Searches, Inc. d.b.a. SurgiStaff, as the employer of the above personnel, and agree not to directly employ the persons named hereon according to the terms of the Client/Agency Master Agreement, and in absence of stated terms, for at least for a period of sixty working days following their termination of their last SurgiStaff assignment at this facility, unless a prearranged agreement has been made between SurgiStaff and the facility. I certify that the hours shown above are correct and that the employees performed satisfactorily.

Authorized Signature _____ **Title** _____
Please Print Name _____