



Employee Name & Title: _____

Facility Name: _____

Sunday _____ / _____ / _____ thru Saturday _____ / _____ / _____
 MONTH DATE YEAR MONTH DATE YEAR

**** Pay Period is Sunday through Saturday Only****

Note: All timesheets must be received by Sunday at 12am (midnight). Timesheets not received by 12am (midnight) will be paid the following pay period. It is the responsibility of the employee to make sure that Integrated has received your timesheet.
Email : travelertimecards@integratedhealthcaresolutions.com

	Standard TIME					OnCall			CALL BACK			Client Signature	
	DATE	UNIT/FLOOR	START Time	MEAL	END Time	TOTAL HOURS	START Time	END Time	TOTAL HOURS	START Time	END Time	TOTAL HOURS	Client Name/Title
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

Employee Signature: _____
 Printed Name: _____

Client Signature: _____ Date: _____
 Printed Name: _____

I certify that the hours shown above represent my total hours worked and the client approval was initiated by the client or an authorized representative of the client.

I certify that the hours above are correct and that the employee performed his/her duties satisfactorily. I understand that I do not pay the employee directly and that INTEGRATED will pay the employee weekly. I agree to comply with the terms below as well as the terms of any Facility Staffing Agreement executed by my company/facility and INTEGRATED.

I, as a representative of the FACILITY and hereinafter referred to as "FACILITY" agree to the following:

1. FACILITY shall not recruit or hire the person named on this timecard unless FACILITY either provides "INTEGRATED" (which includes Integrated Healthcare Solutions, LLC; Integrated Healthcare Staffing, LLC; Integrated Healthcare of Arizona, LLC; and Integrated Medical Systems, LLC) with 180 days' notice of its intent, continuing to use the employee through INTEGRATED for that time, or FACILITY pays INTEGRATED an amount to be determined by INTEGRATED in its sole discretion as a finding fee.
2. All amount due to INTEGRATED shall be paid within 30 days from the date of the invoice. Invoices not paid within 30 days will accumulate interest at the rate of 1.5% per month.
3. In the event any legal assistance is needed to enforce a party's rights under this agreement, the prevailing party shall be entitled to its reasonable attorney fees.
4. This agreement shall be governed by the laws of the state indicated in the current signed staffing agreement. In the absence of a signed staffing agreement, this agreement shall be governed by the laws of Oregon and all parties agree to venue in Multnomah County for any action of proceeding to enforce any rights under this agreement.