



**INTEGRATED**

EMPLOYEE NAME	RN LPN CNA OTH
FACILITY NAME	HOLD/MAIL

DATE	UNIT	START TIME	LUNCH	END TIME	TOTAL HOURS
Starting Odometer		Ending Odometer		Total Miles	

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINTED NAME:** \_\_\_\_\_ **NO LUNCH PERMITTED:** \_\_\_\_\_  
**Supervisor Initials Required**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**Employee Notice:** By signing this time card, I certify that the hours shown above represent my total hours worked. I also understand that not all facilities will approve/pay mileage and that I must request approval when booking each shift. **If mileage was approved and I fail to complete the mileage section on this time card, my mileage will be automatically denied.**

**Client Notice:** By signing this time card, 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 on the back of this time card as well as the terms of any Facility Staffing Agreement executed by my company/facility and INTEGRATED.



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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 the front of 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 Healthcare Solutions 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 fee.
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.

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