

QCI Health Care Staffing (616) 365-9290 • (888) 393-9290 • FAX (616) 365-9254

Classification: _____ RN Spec _____ RN _____ LPN _____ CNA _____ HHA Office/State: _____ City: _____
Facility: _____ Day worked(circle one): Su M T W Th F S Holiday
Employee: _____ Date worked: _____ Unit: _____
S.S. #: _____ Shift worked: 1st 2nd 3rd Lunch: Y N Auth: _____
Time in: _____ Time out: _____
Employee Signature: _____ Total hours worked: _____ O.T. Hours: _____ Client init: _____
Client: I certify that the above QCI Health Care Staffing contractor worked the time indicated and the work was performed in a standard manner. I have read the terms and conditions on the backside of the time slip and agree to same. Client acknowledges receipt of this documentation and agrees to pay total hours worked.

OFFICE USE ONLY: NOTES:

Authorized Client Signature: _____

QCI Health Care Staffing

Client hereby confirms with QCI Health Care Staffing as the term of services rendered by QCI Health Care Staffing now and in the future.

TERMS AND CONDITIONS

1. QCI reserves the right to establish payment and benefits in any with contract professionals and assumes responsibility for the payment for such compensation.
2. Client will be charged a 4 hour minimum if a any scheduled shift is cancelled after the 2 hour minimum (2 hours prior to shift). On call time will be billed at 1/2 the hourly rate.
3. Client acknowledges and agrees that the contracted professional assigned by QCI is not an employee of the client.
4. Client understands QCI contract agreement with workers and accepts the responsibility to discuss all matters regarding their contract with QCI.
5. Facility/Contractor agrees to pay QCI a liquidation fee of 25% of a specific employees compensation package, if a facility does not pay the requirement fee the employee is responsible.
6. Client shall indemnify and save QCI harmless for claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by client and which QCI contractors are assigned.
7. Client agrees not to entrust QCI and contractors with unattended valuables.
8. Client agrees overTime is billed after 40 hours in one week. The client will only be charged overtime once contractor has worked 40 hours in one week.
9. Client agrees to the work week Sunday first shift through Saturday third shift.
10. Holidays that are billed at one and one half times start at 11:00 PM eve of the Holiday through 7:00 AM the day following the holiday. Holidays are: New Year's Eve, New Years Day, Easter, 4th of July, Labor Day, Memorial Day, Thanksgiving, Christmas Eve, and Christmas Day.
11. Invoices are prepared weekly and due upon receipt of invoice. A service charge of .3857% per day will be applied to all accounts after 30 days, unless otherwise specified in contract. Any dispute of billing please contact QCI office within 3 business days. If there is a need to turn this over for collection, client will be responsible for reasonable attorney fees and court costs as specified by the laws of the State of Michigan.
12. Customer and Contractor understand and agree that the hours worked as indicated on the front of this time are correct and that any falsification of said information may subject the culpable part to civil and criminal liability.

White - Office * Pink - Facility * Gold - Employee

For questions regarding billing, please call:
(616) 365-9290