



500 Harvey Road
Manchester, NH 03103

PERM • TRAVEL • PER DIEM • HOME CARE

P 603 296 0953 F 603 296 0971

Instant Pay _____

Amount \$ _____

Check # _____

Employee _____
RN LPN LNA

Facility _____

Time sheets must be faxed by 12pm Monday to 603.296.0971

**Altered or unsigned time cards will not be accepted. All hours are rounded to nearest 1/4hr.*

DATE	TIME IN	LUNCH	TIME OUT	TOTAL	INITIALS
SUNDAY	am	out:	am		
	pm	in:	pm		
MONDAY	am	out:	am		
	pm	in:	pm		
TUESDAY	am	out:	am		
	pm	in:	pm		
WEDNESDAY	am	out:	am		
	pm	in:	pm		
THURSDAY	am	out:	am		
	pm	in:	pm		
FRIDAY	am	out:	am		
	pm	in:	pm		
SATURDAY	am	out:	am		
	pm	in:	pm		
				TOTAL	

*Employee Verification: I hereby certify that the hours shown were worked by me at the facility named above and was verified by an authorized representative of the above client.

MAS Medical Staffing Employee

Date

*Client Verification: I hereby certify that the above named employee has worked the hours listed above; the work was performed to the satisfaction of the client and that payment is hereby approved. I agree not to employ the above named healthcare provider directly or indirectly for a period of 6 months from this date and agree to pay liquidation damages to MAS Medical Staffing according to the following schedule: \$5,000 if hired within 6 months of initial employment and \$2,500 if hired after 6 months of initial employment.

Authorized Representative of Facility/Title

Date

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