



FAX SIGNED COPY TO:  
 NEW TOLL FREE FAX:  
 (888)224-7219

PLEASE TOTAL HOURS AND SIGN

DUE:  
 End of Business Friday  
 or  
 Monday at Noon if a Weekend Shift is Worked

<b>Client Company Name:</b>
<b>Supervisor Name:</b>
Client Signature indicates acceptance of the client agreement provided below and that hours shown are both true and accurate.
<b>Supervisor Signature:</b>
X _____

<b>Contract Employee Name:</b>						
<b>Contract Employee Title:</b>						
		Time	Time	Less	Reg.	O.T
Day	Date	In	Out	Lunch	Hours	Hours
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						

**IMPORTANT: TOTAL HOURS HERE**

<b>Total Regular Time</b>	
hours	min

<b>Total Over Time</b>	
hours	min

Employee Signature: X _____ I understand that if my timesheet is not received at the branch by 12:00PM Monday my check may be delayed a week.
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*Client and MedCentric Search Firm both agree to the following:*

1. MedCentric shall provide the client with employees who are qualified to serve in the capacity specified by the client. Upon prompt notice (within the first four hours of the assignment) from the client, MedCentric will not charge for such employee's unsatisfactory service and will attempt to promptly supply a replacement employee. Individuals supplied by MedCentric to Client are at all times to remain employees of MedCentric and shall be covered under MedCentric workers compensation insurance policy.
2. The individual signing MedCentric employee's time sheet is an authorized representative of the client and certifies that the hours worked are both true and correct. Furthermore it is certified that the work performed was satisfactory.
3. Client agrees to release, defend and hold harmless MedCentric (together with MedCentric officers, directors, employees, successors and assigns) from and against any claims (including worker's compensation claims), expenses and/or liabilities arising from or in connection with the performance of the employee.
4. Client will be billed weekly. All fees are employer paid and due upon receipt of invoice. If payment is not received within 25 days of the date of the invoice, client agrees to pay interest on the unpaid balance figured from the 16th day at the maximum statutory rate allowable rate (currently 18% per annum) plus any other collection and/or litigation costs, including attorney's fees.
5. If Client without written consent of MedCentric hires the employee whether directly through the client company or through another temporary agency or through any agent other than MedCentric within the first year following the assignment, the client agrees to pay the MedCentric standard placement fee.