



I, _____, do hereby swear and affirm that I have worked all of the hours set forth below as a _____ (Position) at _____ (Location), during the week beginning _____.

Day of the Week (Mon, Tue, Wed, etc)	Date	Beginning Time	Break	Finish Time	Total Hours	Site/ Location

Must be submitted to payroll within 24 hours after shift is completed. Only one shift permitted per time card.

Supervisor Name (Printed): _____

Supervisor Signature: _____ Date: _____

I certify by my signature that I have worked all of the hours stated on this time sheet and that this time sheet is accurate. I understand that this time sheet is not valid without the signature of my supervisor.

Employee Signature

Date

DNA will send weekly invoices to the CONTRACTOR and the CONTRACTOR will pay DNA in accordance with the rates and schedules listed in the Contract. In the event payment is not made to DNA within Thirty (30) days after the date of service, the CONTRACTOR will pay interest at the rate of 1.5% per month. If it is necessary to bring legal action to collect the amount owed DNA, the CONTRACTOR will be responsible to reimburse DNA for its responsible attorney's fees and costs of suit. The CONTRACTOR or any of its affiliates agrees not to hire a DNA employee, either temporarily, full time, or as a consultant within 180 days after the termination of the employee's assignment with CONTRACTOR. If a DNA employee is hired by the CONTRACTOR or any of its affiliates, the CONTRACTOR agrees to pay a conversion fee of \$15,000.00 for an RN, \$12,000.00 for an LPN, \$9,000.00 for a CNA and \$9,000.00 for a HHA. The conversion fee will be reduced by \$200.00 for each 40 hours of weekly services performed while on assignment, however in no event will there be any less than a \$6,000.00 conversion fee for any position. The same calculation will be used if Contractor converts a DNA employee or agent to a part-time status. Again, the conversion fee will not be less than \$6,000.00. The CONTRACTOR has reviewed the Statement of Hours Worked and believes them to be correct and accepts the consultant's services for the hours stated above and the CONTRACTOR agrees to compensate DNA, for its services pursuant to the contract. Signed timecards must be submitted within 90 days of shift(s) worked for payment.

Turn in completed time card after each daily shift. Must be submitted to payroll within 24 hours after shift is completed.

Fax: 570-445-3719 Email: lewisburgtimecards@dedicatednurses.com