



UNITED HEALTH CARE STAFFING

1172 Murphy Avenue, Suite #227, San Jose, CA 95131

Tel: (408) 441-9200 Fax: (408) 441-9201

Employee Name: _____ Facility Name: _____ Dept: _____

DAY	DATE	IN	OUT	Meal Break	Hours	Supervisor Signature
Mon						
Tues						
Wed						
Thu						
Fri						
Sat						
Sun						
Employee Signature: _____				Total hours: _____		

CLIENT AGREES: 1. Client will be billed for hours listed above. 2. All employees are paid by UHCS, Client must not pay our employees directly. 3. Employees may be contracted for employment through UHCS only. 4. Client agrees that employees are assigned to client to render temporary services and without agreement to the contrary are not assigned to become employed by Client. 5. In order to hire the employee directly, Client must first contact UHCS. 6. Client and employee certify to this document by signing the time sheet and acknowledge that the hours and totals shown are correct.