

**NEWBORN & FAMILY CARE OF NEW ENGLAND
Employee Timesheet**

Employee Name: _____ **Week Ending:** _____

Client Name: _____

PLEASE INDICATE HOURS WORKED BELOW

	DATE	TIME IN	TIME OUT	LUNCH	REG. HRS	OT HRS	UNIT				
SUN											
MON											
TUE											
WED											
THU											
FRI											
SAT											

I certify that the hours shown above represent my actual work time and were verified by the client or authorized representative. I understand I am to notify Newborn & Family Care of New England when an assignment ends and when I am available for work. I agree if I do not contact Newborn & Family Care upon completion of an assignment, they can assume I am not available.

Employee Signature: _____

Date: _____

Client confirms that the employee name above worked the hours shown above and did the work in a satisfactory manner. It is agreed that if a client hires a Newborn & Family Care of New England employee within 90 days following completion of an assignment, or if wrongful conduct of client causes injury to the employee or causes the employee to terminate employment with Newborn & Family Care, client will pay Newborn & Family Care the sum of \$5,000 dollars as agreed compensation for its costs for recruiting, training, and upgrading employee's skills. Client agrees not to pay Newborn & Family Care employees directly nor to claim any set off for any such direct payment. Newborn & Family Care employees are not authorized to have custody of cash, credit cards, or other valuables of clients at any time for any reason. Client must notify Newborn & Family Care and local police within 24 hours after becoming aware of a loss, and submit details in writing within 14 days, in order to make a fidelity bond claim. Any collection costs, attorney fees, and court costs will also be charged to the account. Interest rate of 18% will be assessed after 30 days. Client agrees to pay invoice upon receipt.

Client Signature: _____

Date: _____

TO OUR CLIENT:

By signing this timesheet, you are certifying that this employee worked the hours stated on this timesheet and that no injuries were sustained. If you disagree, please make the necessary corrections next to your signature. The services rendered are the result of substantial investment in recruitment and employment. If any employee of ours is subsequently employed by the client or representative within three months of the last billed date, a sum of \$5,000 will be charged as liquidated damages.

TO OUR EMPLOYEE:

Use a separate timesheet for each client and a new timesheet for each week starting Saturdays at 7:00 AM. Timesheets must be signed where indicated. The client must sign this form unless an exception has been granted. This timesheet **MUST BE SIGNED** unless permission otherwise has been given.

A timesheet and required documentation must be received by our office by Wednesday noon in order to be paid on the following Friday. There are no exceptions.

Return by fax to 508-384-5082 or mail to P.O. Box 8, Wrentham, MA 02093. Submissions more than one week late must be resubmitted and will be paid at a later date.