

Timesheets are due MONDAYS at 8AM.
Timesheets received Tuesday are late and can effect
Payroll processing.



Facility Name:
Employee Name:
Employee Signature:

RN ___ **LPN** ___ **C.N.A.** ___ **Other:** _____

	Date	Time In	Time Out	Lunch	Daily Total	Client Signature
SAT						
SUN						
MON						
TUES						
WED						
THUR						
FRI						
For Pay Period ----- to -----				Total Hours Worked		

- 1. ePeople Healthcare workweek is Saturday through Friday**
- 2. Print Client's name clearly.**
- 3. Both Employer and Employee MUST sign the timesheet.**

Employee Acknowledgements: Hours worked and lunchtime hours are correct. I certify that no injury was incurred by me during my assignment.
Employment Offers: I acknowledge that I have an employment agreement with ePeople that requires me to get ePeople's permission to accept any employment opportunity or any offer to utilize my services in any manner or under any circumstances with, or on behalf of, either directly or indirectly, any of the Facilities, Nursing Homes, Hospital, Providers and/or Clients that ePeople has placed me with in the past twelve months. I also acknowledge that any employment, or any offer to utilize my services in any manner or under any circumstances either directly or indirectly (for example, through another agency), at a client ePeople has placed me with in the past twelve months will be subject to my ePeople employment agreements and to ePeople's Client agreements. I agree it is my obligation to notify ePeople of any of the above events and get their written permission if I chose to accept this offer.

Client Acknowledgments: The hours shown are correct and the work was performed satisfactorily.
Hiring a Temporary: We recognize ePeople incurs substantial recruiting, screening, and administrative expenses in providing this employee to us as a temporary staff. Therefore, we agree not to hire, either directly or indirectly (for example, through another agency), or otherwise utilize this employee in any manner or under any circumstances, other than through ePeople for twelve (12) months following the end date of their last assignment with us.
Cost of Hire: Clients that would like to hire, either directly or indirectly (for example, through another agency), or otherwise utilize the services of an ePeople employee in any manner agree to immediately notify ePeople and further agree to a. pay a mutually agreed upon employment fee or; b. keep the ePeople employee temporary until the employee has worked for a total of six (6) months of full-time work.

ePeople Healthcare Fax #: 1-866-305-0388

