



STAFFING SERVICES

Team Member Name: _____

Client/Facility: _____

Unit: _____

Select One: RN LPN CNA Other

Circle One: **MON** **TUES** **WED** **THUR** **FRI** **SAT** **SUN**

Date: _____ IN Time: _____ OUT Time: _____ LUNCH: _____ minutes

Team Member Signature: _____

Authorized Client Signature: _____

Authorized Client Printed Name: _____

Authorized Client Title: _____

AGREEMENT

The individual signing above is authorized to sign on behalf of the Client and to verify hours worked by LTC Staffing Services (hereinafter LTC-SS) personnel. The Client agrees that the time stated is correct and that the work was performed satisfactorily. Time and one half is charged for all LTC-SS holidays unless otherwise stated in a written agreement with LTC-SS. The Client agrees not to employ or encourage employment of LTC-SS personnel unless and except as stipulated in writing in an agreement with LTC-SS. The Client acknowledges that payment is due upon receipt of invoice and that 1.5% per month is charged on all accounts past due for more than 30 days unless otherwise stated in written agreement with LTC-SS. The Client agrees that all court costs and legal fees will be the obligation of the Client for the collection of a delinquent account. The Client agrees to notify LTC-SS immediately upon the occurrence of any accident, clinical incident, ethics violation or any other issue involving LTC-SS team members.

Missed Meal Period / Rest Break

Attempt to notify your supervisor/manager at the facility that you may not be able to take your rest break or meal break prior to the time of your scheduled break. Should you miss a lunch break or rest break, please attempt to obtain the signature of your shift supervisor, manager, or the nursing supervisor after the end of your shift. If a member of management and/or nursing supervisor is not available to authorize and sign, the charge RN may sign. Please submit a copy of completed form to the mailbox of the Asst. Nurse Manager, Nurse Manager or Director. Also, document your missed meal break or rest break in the timekeeping system on your timesheet.

DETAILED REASON FOR MISSED BREAK

MISSED LUNCH BREAK _____

MISSED REST BREAK _____

Authorized Signature: _____

Authorized Printed Name: _____

IF SUPERVISORS OR MANAGERS REFUSE TO SIGN, PLEASE FILL IN THE INFORMATION BELOW

ALL AVAILABLE SUPERVISORS/MANAGERS REFUSED TO SIGN

Refusing Supervisor Signature: _____ Date: _____

Refusing Supervisor Printed Name: _____