



5404 Hoover Blvd., #18, Tampa, FL 33634

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Email: info@acutequalitystaffing.com

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
In Time								
Out Time								
Less Break								
Reg. Hour								
Overtime								
APPROVAL								

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client's authorized representative.

Employee Signature

My shift was: A-P P-A P-P

Client Name: _____

Unit or Floor: _____

Employee Name: _____

Classification: _____

Late Call Orientation

Week Ending Date: _____

Exhibit 1 for our placement of personnel in your facility. Finders fee schedule: if an employee of AQS, Inc. if hired by your facility within 30 days after leaving our company, the following finder's fee will be charged to your account.

RN-\$5,000, LPN-\$5,000.

Payment is to be in US Dollars (USD) and paid within 7 (seven) days of the invoice date. Failure to pay within 30 days of the invoice date will result in an additional charge of 1.5% of balance due per month compounded monthly.

Signature of authorized client only

WHITE: Office, **YELLOW:** Facility, **PINK:** Nurse