



ALWAYS-CARE
The QUALITY Nursing Service

TIME SLIP
PRIVATE DUTY
STAFF SUPPORT



CLIENT # _____ (Do not use this form for Home Care)

Name: _____ Room # _____

At INSTITUTION _____ Hosp. Nsg. Hm

TIME SLIPS ARE DUE INTO THE ALWAYS CARE OFFICE BY 10 A.M. EACH MONDAY AFTER THE FRIDAY WEEK ENDING DATE IN WHICH WORK WAS PERFORMED.

USE NEAREST QUARTER HOUR									
DAY	DATE WORKED	TIME STARTED	am pm	Less Time for Meals	TIME FINISHED	am pm	REG HOURS	O.T. HOURS	Trans/Day or Miles or Expenses
1	SAT								
2	SUN								
3	MON								
4	TUE								
5	WED								
6	THU								
7	FRI								
Week Ending Date FRIDAY		TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR							

EMPLOYEE: I certify that the hours shown above are true and accurate and were worked by me during the days in the indicated week and were properly certified by the client or client's representative at the bottom here of. I also certify that I did not receive any injuries during this assignment. I understand that I am to contact immediately the local ALWAYS CARE office after completing the assignment to determine if there is further employment for me. I agree that if I do not contact ALWAYS CARE immediately upon completion of an assignment, ALWAYS CARE can assume that I am not available for employment. Time Slips must be signed by both employee and client. Employees pay will be held until signatures are provided. This shall be the responsibility of the employee.

EMPLOYEE NAME
PRINTED (clearly) _____
(Last, First, Middle Initial)

Employee Classification _____

Employee Number

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EMPLOYEE SIGNATURE X _____

CLIENT: INSTITUTION/PATIENT: If requesting Private Duty for a Patient, it is agreed that the institution is acting as an agent for the patient, and that the patient has been informed of their obligation to pay for such services and that the institution has received such consent either at the time of admission, or later, and that such permission is in writing. In the event that ALWAYS CARE supplies services and fails in its attempts to secure payment because the permission of patient was not obtained, it is agreed that ALWAYS CARE shall look to the institution ordering service for payment. The client's exclusive remedy and ALWAYS CARE's sole liability for claims of any kind or nature as to the services rendered by the employee shall be limited to the amount of compensation to be paid ALWAYS CARE. Failure to give written notice of claim within 15 days after occurrence shall constitute a waiver by client. Client shall not authorize or cause ALWAYS CARE employees to operate any vehicle or machinery without first obtaining written consent from ALWAYS CARE. It is acknowledged, understood and agreed that insurance furnished by ALWAYS CARE does not cover physical loss or damage caused by the operation of anyone's vehicle or machinery. The client shall not entrust ALWAYS CARE employees with the handling of cash, jewelry or anything of value, or entrust them to be responsible for such valuables without first obtaining written permission from ALWAYS CARE. We also agree that ALWAYS CARE will not be responsible for claims made under ALWAYS CARE's fidelity bond unless we report such claims in writing to ALWAYS CARE within ten days from the last day of service rendered under this agreement and we agree to cooperate fully in the investigation and subsequent prosecution. No oral statement of any person shall modify or otherwise effect the above terms and conditions. In consideration of furnishing the ALWAYS CARE employee, the client agrees that it shall not employ any ALWAYS CARE employee for a period of ninety-two (92) days following the completion of services rendered to the client. In the event the client violates the above condition, the client shall pay to ALWAYS CARE upon demand the sum of \$5,000.00 as a finders fee plus any attorneys' fees and all the costs of collection if necessary.

FEES: Are subject to change without notice. It is agreed that all fees for service will be billed at the prevailing rate for the level of service provided. The local ALWAYS CARE office can advise of the exact fee schedule. The client agrees to pay for the services immediately upon receipt of an invoice for such services and to pay interest on the unpaid balance of any such invoice over 30 days old at the rate of 1.75% per month (ANNUAL PERCENTAGE RATE OF 21%), or the legal maximum interest rate, whichever is lower, together with reasonable attorney's fees for costs of collection not to exceed 20% of the balance due. In the event ALWAYS CARE provides Staff Support services to an institution, and monthly paying is approved by ALWAYS CARE, the client agrees that all invoices from the previous month, shall be paid in full by the 15th day of the following month, unless other arrangements are made, or other objections are made in writing as provided herein.

CLIENT: WRITE TOTAL HOURS IN WORDS

I certify that the ALWAYS CARE EMPLOYEE worked the hours indicated above that the work was performed in a satisfactory manner.

CLIENT SHALL NOT PAY OR ADVANCE ANY MONEY TO EMPLOYEE AND MAY NOT ASSERT ANY SUCH PAYMENT AS A SETOFF AGAINST ALWAYS CARE.

AUTHORIZED AGENT/CLIENT SIGNATURE X _____

SIGN ONLY FOR TIME ACTUALLY WORKED

EMPLOYEE:
Properly completed and signed by the client paperwork must be **PHYSICALLY IN** the office by 10am the Monday after the Friday week ending date in which work was performed or as soon as possible if you are finished working earlier in the week. You can fax in time slips 24 hours a day, 7 days a week.

FAX TO:
404-233-8098
800-989-8098 (out of metro Atlanta area)

Leave original with client after faxing.

NOTE: If needed, you can usually make a copy of the time slip on a fax machine.