



Allied Healthcare Temps. Ltd.

Medical Temporary Staffing

**One Westbrook Corporate Center • Suite 300
Westchester, IL 60154**

1-800-633-7821

FAX 1-630-928-0117

CUSTOMER

ADDRESS

CITY

ZIP CODE

WEEK ENDING DATE

WEEK ENDS
SUNDAY

I HEREBY CERTIFY THAT THE HOURS SHOWN ARE CORRECT AND ARE PROPERLY CERTIFIED BY AN AUTHORIZED REPRESENTATIVE OF THE CUSTOMER. I SHALL CONTACT THE OFFICE AT THE COMPLETION OF EACH ASSIGNMENT FOR THE NEXT ASSIGNMENT.

EMPLOYEE SIGNATURE

TIME REPORT DUE MONDAY

DATE	TIME STARTED	TIME FINISHED	TOTAL HOURS
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

TRAVEL EXPENSES \$

TOTAL HOURS

I CERTIFY THAT THE ABOVE HOURS ARE CORRECT AND THAT THE WORK WAS PERFORMED IN A SATISFACTORY MANNER. IT IS AGREED THAT THE UNDERSIGNED WILL NOT EMPLOY THE ABOVE NAMED PERSON FOR A PERIOD OF SIX MONTHS FOLLOWING THE DATE OF LAST ASSIGNMENT TO CUSTOMER

CUSTOMER APPROVAL

CUSTOMER IS NOT TO MAKE ANY PAYMENTS TO PERSONAL SERVICES EMPLOYEES. BILLING WILL COME DIRECTLY FROM PERSONAL SERVICES OFFICE. PERSONAL SERVICES EMPLOYEES ARE NOT TO HANDLE NEGOTIABLES OR OTHER VALUABLES. PERSONAL SERVICES INC. EMPLOYEES ARE NOT TO OPERATE ANY MOTOR VEHICLE ON BEHALF OF THE CUSTOMER.

White: Office

Yellow: Employee