



CARE ONE, INC.
EMPLOYEE TIME SLIP

Facility / Client

Employee Name (Print)

Position Title

Week Ending (Saturday)

Facility / Client Signature

Date	Day	Start Time	End Time	Daily meals		Total Time
				From	To	
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
Employee Signature			Employee #			Total Hrs.

Client Agreement

It is understood that the individual signing this time sheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily under all underlying agreements with CARE ONE, INC. and the Employee.

Client agrees to terms of NET UPON RECEIPT, and understands that unpaid accounts will be considered in default of 30 days after which a default charge will be imposed at 1.5% per month on the unpaid balances (annual percentage rate of 18%) or the legal interest rate which even is lower.

Client will not entrust CARE ONE, INC. Employees with the care, custody or control of cash, negotiable, valuables, or other similar property. Client understands and agrees that CARE ONE, INC. is not an employment agency and that the service rendered is made possible only by a substantial investment in personnel development of our employees, therefore clients will agree that the utilization of the employee named on this time sheet, on either a temporary or permanent basis within six months from date on the time sheet will be through CARE ONE, INC.

Washtenaw
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