

# Wise Medical Staffing Services, Inc

Week Beginning \_\_\_\_\_

Week Ending \_\_\_\_\_

Employee's Name \_\_\_\_\_

Day	Start	End	Lunch	Total Hours
<b>Monday</b>	AM	AM		
	PM	PM		
<b>Tuesday</b>	AM	AM		
	PM	PM		
<b>Wednesday</b>	AM	AM		
	PM	PM		
<b>Thursday</b>	AM	AM		
	PM	PM		
<b>Friday</b>	AM	AM		
	PM	PM		
<b>Saturday</b>	AM	AM		
	PM	PM		
<b>Sunday</b>	AM	AM		
	PM	PM		
<b>TOTAL WEEK</b>				

I certify that the days and hours shown are correct and were Worked by me. I certify that I received no injuries for the above period.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

I certify that the above is a true and correct statement. I (the client) agree to pay Wise Staffing Services, Inc. the amount agreed upon for the above hours. In the event of default on my part to any terms of agreement, I (the client) agree to pay all court cost, a reasonable lawyer fee and all other collection cost.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Name