

Email Payroll questions, and copies of completed timecards to: timecards260@atchealthcare.com

PRINT FACILITY NAME								
PRINT	YOUR NA	ME						
			CNA OTHER					
TIME IN AND TIME OUT MUST BE ACCURATE AND MATCH CLIENT RECORDS								
DAY	DATE	AREA	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS	MILES	CLIENT SIGNATURE
SUN								
MON								
TUE								
WED								
THU								
FRI								
SAT								
TOTAL MILES			TOTAL HOURS NEAREST 1/4 HOUR					
ALL PE	SONNEL	CERTIFY	THAT THIS TIME	SHEET IS TR	UE AND ACC	URATE		

During this pay period, if you sustained an accident or injury while working on an assignment, please check Yes By signing this timesheet the Client acknowledges that ATC Healthcare Services, LLC ("ATC") has made a substantial investment in the recruitment, screening and training of it's employees ("Employees") and incurs significant administrative and marketing expenses in connection with services for the Employee named above. In consideration thereof, the Client agrees not to hire or engage on a direct or indirect basis or through any other entity the services of the Employee for a minimum period of six (6) months after the last date designated on this timesheet. In the event the Client hires or engages the services of the Employee in violation of the above paragraph, Client agrees to pay ATC liquidated damages equal to forty (40) hours of service by employee times thirteen (13) weeks, at the current billing rate, for each such Employee. If the Client desires to hire the Employee on a direct or indirect basis (ie by placing the Employee on the Client's payroll) prior to the end of the six (6) month period and if there is no current service proposal or contractual agreement in effect, it may do so by advising ATC of this intention and complying with either one of the following two options: a. To continue the assignment for an additional thirteen (13) week period at the current billable rate under the same terms and conditions as now provided: or b. to pay at the time of the notice of intention to hire on a direct basis, the cost equivalent of thirteen (13) weeks at the current billing rate as liquidated damages. By signing this timesheet, the Client further confirms that the hours worked are correct and that the work has been performed in a satisfactory manner; and confirms the prior agreement between ATC and Client with respect to the services performed hereunder and any further serv ices (a) Client shall not entrust the Employee of ATC with unattended premises, cash, negotiables, or other valuables or authorize such Employees to operate machinery or motor vehicles without prior written permission from Employees of ATC operated Client owned or leased motor vehicles without prior permission from ATC in each instanced; (b)ATC's insurance does not cover loss or damage caused by Employees of ATC operating Client owned or leased motor vehicle(s), and Client therefore, accepts full responsibility for claims, including the defense, thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or other public liability damage or involving violation by Client or paragraph (a) above; (c) ATC is not responsibility for claims made under its fidelity bond unless such claims are reported to it in writing by the Client within ten (10) days after occurrence; (d) Client shall indemnify and hold ATC harmless from any and all claims and demands alleging in whole or in part that the premises were unsafe or dangerous, including, without limitation, arising out of the Occupational Safety and Health Act or any similar state law as it relates to premises owned or controlled by Client relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with ATC and maintain such information as confidential and proprietary. It is agreed that ATC will charge interest at 1.5% per month (18% per annum) for open charges remaining unpaid thirty (30) days after the invoice date. The Client agrees that ATC is entitled to reasonable attorney fees together with all expenses of collection if it becomes necessary to enforce any provision of this agreement.

YOUR SIGNATURE
AUTHORIZED CLIENT SIGNATURE
AUTHORIZED CLIENT PRINTED NAME