SOUTHEAST HOMECARE CORPORATION
1200 NW 17 AVE, Suite # 10
Del Ray Beach FL 33445

NAME OF CLIENT _____ CLIENT I.D. _____ WEEK ENDING _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYEE AND NUMBER _____ CLASSIFICATION _____ LICENSE _____

Employee: This form is your responsibility. You cannot be paid without a Time Sheet, your signature and client's. Your Nursing Therapy Notes must accompany this Time Sheet.
EMPLOYEE SIGNATURE

X _____

I certify that the hours are my total hours worked during the week and they were properly verified by the client.

DAY	DATE MO/DAY	TIME IN	TIME OUT	TOTAL HOURS	TYPE SERVICE	CLIENTS INITIALS
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						

Total Hours for Week to Nearest 1/4

Clients do NOT pay Agency employees directly; they will be billed weekly. Employees are not authorized to accept, have custody of the use of cash, credit cards or other valuables of Client. Client waives any right to set off against Agency bill the amount of any such cash or other sum advanced to employees. Client's sole remedy and Agency's sole liability for claims of any kind as to the services rendered by employee shall be limited to the amount of compensation paid or the amount available under Agency bond and failure to give notice in writing of claim within 10 days after occurrence constitutes a waiver by client of all claims. Client recognizes the rights of Agency as the employer and agrees not to employ personnel hereon for a period of 90 days following the termination of this assignment. In the event Client violates the above condition, Client shall pay to Agency upon demand the sum of $1,000.00 in liquidation damages.

Client agrees to terms of Net upon Receipt and to pay interest on unpaid accounts over 30 days at the rate of 1½% per month (Annual Percentage Rate of 18%) or the legal interest, whichever is lower, together with reasonable attorney's fees or costs of collection, not to exceed 30% of balance due.

I certify that the above hours are correct and that the work was performed in a satisfactory manner by Caring, Inc. and agreement by the client to the Terms and Conditions printed above.

Authorized Client's Signature: _____

WHITE - Office YELLOW - Staff