msg group medical staffing

Phone:
(888) 674 7676
Fax:
(88) 201 6674

TIMESHEET FOR PCA/ CNA's TO HOMECARE COMPANIES

51 Union Street, Suite 105
Worcester, MA 01608 www.MsgStaffing.com

Name of Care Giver	**Week Ending Saturday:** _____/ _____/ _____	**Homecare Company Name:**

Client Name and Address	**Start Date**	**Time In**	**Stop Date**	**Time Out**	**Hours**	**Client Initial**
Total Regular Hours this Weeks			**Total Overtime hours this week**			

COMPANY'S TERMS AND CONDITIONS: Please do not advance monies to Medical Staffing Group, Inc. employees. Employees are furnished to work for our organization on a temporary basis while searching for employment through Medical Staffing Group, Inc. In the event that your firm or any of it's affiliates, subsidiaries or clients hire the employee named above during the temporary assignment or within a period of 365 days after the last day of any assignment with your company on a full time or consultant basis, your firm agrees to pay the permanent placement fee of 20% of the first year salary or annualized hourly rate of said employee. The foregoing also applies, without limitation, when the client enters into a prime vendor contract or other agreement with another staffing company that hires the employee to service the client. Any hours worked over 40 per week will be billed at the overtime rate of 1 & ½ times the regular time bill rate. Customer's responsibilities includes to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions and abide by all OSHA and other Safety Laws. Medical Staffing responsibilities are to assign its qualified employees to work under Customer's supervision and to pay their wages and provide benefits such as unemployment insurance and workers' compensation; to maintain their personnel and payroll records; and to pay withhold taxes.

EMPLOYEE AGREEMENT: I agree not to accept employment with the Client/ or the Homecare Company for the term of employment with Medical Staffing Group, Inc and for the 180 days after the termination of my employment with Medical Staffing Group, Inc. I declare that I have sustained no injury on this assigned job. By signing this time sheet, I certify that all services have been provided in accordance with the Client's CARE assessment and I have delivered all service hours shown on the time sheet. In order to be paid I understand this time sheet must be completed and signed by both me and the client. I understand I must indicate my availability below for further assignment prior to submitting this timesheet. This information is necessary for our records and also informs us of your availability for future assignments. Failure to do so results in our assumption of your voluntary termination from Medical Staffing Group and may impact your eligibility for unemployment. **All completed timesheet must be return to the office by Monday 12 PM.**

Sunday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Monday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Tuesday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Wednesday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Thursday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Friday ☐ **7-3** ☐ **3-11** ☐ **11-7**	Saturday ☐ **7-3** ☐ **3-11** ☐ **11-7**

Employee Signature:	***Date:***
Supervisor Name:	***Supervisor Signature:***