


<b>OKC Office</b> Ph: 405-604-0303		<b>Tulsa Office</b> Ph: 918-289-0909
<b>TOLL FREE FAX: 1-866-822-1132</b>		
<b>Circle Employee Classification:</b> MSW MA SITTER Surg Tech Mon Tech RN LPN CNA AUA RRT CRT PT/PTA OT/COTA		
Print Employee Name: _____		
<b>Date and Day of Week</b> Su M T W Th F Sa ____ / ____ / ____	<b>Start Time</b> _____ am _____ pm	
<b>Unit Worked</b> _____	Indicate time to 1/4 hr <b>Finish Time</b> _____ am _____ pm	
Shift variances require explanation. Please circle and explain: Holiday      Late Call      No Break Charge Nurse      Orientation      Other _____ Explanation: _____ NURSE SUPERVISOR MUST INITIAL FOR APPROVAL: _____		
<b>IMPORTANT CLIENT NOTICE:</b> By signing this card, as the client representative, the client agrees that hours shown are correct, work was done satisfactorily and client agrees to the terms and conditions on the reverse side of this time card. <b>IMPORTANT EMPLOYEE NOTICE:</b> By signing this form you agree to the terms and conditions on the opposite side. Your signature also certifies that the time reported is true & correct and no injuries occurred.		
Employee Signature _____		Date _____
Facility Name _____		
Facility Supervisor Signature _____		Date _____
OTHER SHIFT INFO:	DP must be circled if Daily Pay is desired. <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">DP</div> This timecard <b>MUST</b> be received by Flex by <b>9am</b> in order for the check to be ready for pick-up by <b>3pm</b> that same day. No exceptions!	

**EMPLOYEE INFORMATION**

**CALL US AT ONCE:** When you are late or if you cannot work the prescribed hours, or if you won't be able to report for work.

**RECORDING YOUR TIME:** Report all time to nearest ¼ hour. Do not show odd minutes. Report total hours worked as directed and make sure supervisor or charge nurse signs off on it appropriately.

**LUNCH:** Your lunch period will be determined by the supervisor to whom you are assigned.

**ABSENCE:** CALL US AT ONCE – we will contact the client if you will not be able to work your assigned shift.

**OVERTIME:** All authorized work you perform in excess of 40 hours per week (Mon-Sun) will be at time and one half the regular rate. You are permitted to work overtime **only** if the client requests and approves such work. Approval must be obtained from us by the client before overtime can be authorized.

**FUTURE ASSIGNMENTS:** If you do not contact us after each assignment, we will assume you are not available for work, and you have voluntarily quit.

**CLIENT INFORMATION**  
**ADDITIONAL TERMS AND CONDITIONS**

Being duly authorized on behalf of the above Client, (1) the above signed hereby acknowledges that Flex Nursing, LLC (AGENCY) hereof incurs substantial recruitment, screening, administrative and other marketing expenses in connection with the temporary employee named above, and Client agrees that if the Client should hire the employee named on above within 180 days after this date, without agreement from AGENCY, the Client will pay Liquidated Damages (fee schedule available from AGENCY upon request). (2) Client certifies that the above hours are correct and that the work was performed in a satisfactory manner. (3) Client confirms prior agreement between AGENCY and Client with respect to the services performed hereunder and any future services: (a) Client shall not entrust AGENCY's employees with unattended premises, cash, negotiables, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from AGENCY in each instance. (b) AGENCY's Insurance does not cover loss or damage caused by AGENCY's employee's operating Client's 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 public ability damage sustained or incurred as a result of an employee driving such vehicles(s), or arising out of or involving violation by Client of paragraph (3)(a), above; (c) AGENCY is not responsible for claims made under its fidelity bond unless such claims are reported to it in writing by Client within 30 days after occurrence; (d) Client shall indemnify and save AGENCY harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Client and to which AGENCY's employees are assigned. The Client recognizes AGENCY's employer relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with AGENCY.

The client agrees to pay all invoices per terms and finance charges of one and one half percent (1-1/2%) per month (18% per annum) on charges remaining five (5) days after terms, on a thirty (30) day basis and reasonable attorney's fees and expenses of collection, if AGENCY engages an attorney to enforce payment of any charges incurred.