

Day		Date	Beginning Time	Break	Finish Time	Site/ Location	Daily Authorized RN Sup/DON Print Name	Daily Authorized RN Sup/DON Signature
Sunday								
Monday								
Tuesday								
Wednesd	ay							
Thursday	'							
Friday								
Saturday								
	accurate. I un be submitted Employee S	oderstand within 90 Signatur	that this time shed days of shift(s) wo	et is not valid	without the sign		d that this time sheet is rvisor. Signed Timecards	must

Prominent will send weekly invoices to the CONTRACTOR and the CONTRACTOR will pay Prominent in accordance with the rates and schedules listed in the contract. In the event payment is not made to Prominent within terms of the contract, the CONTRACTOR will pay interest at 1.5%. If it is necessary to bring legal action to collect the amount owed Prominent, the CONTRACTOR will be responsible to reimburse Prominent for its responsible attorney's fees and cost of suit. The CONTRACTOR or any of its affiliates agrees not to hire a Prominent employee, either temporarily, full time or as a consultant within 180 days after the termination of the employee's assignment with Contractor. If a Prominent employee is hired by the CONTRACTOR or any of its affiliates, the CONTRACTOR agrees to pay a conversion fee. The Contractor has reviewed the statement of hours worked and believes them to be correct and accepts the consultant services for the hours stated above and the contractor agrees to compensate Prominent for its services, pursuant to the contract.

Please submit by Sunday 12:00 PM Fax: 717-918-6108 Email: payrollprominentstaffing@gmail.com