



TIME SHEET

Sunday Week Ending: _____

Name: _____ Soc. Sec.#: _____

Company Name: _____ Dept.: _____

Supervisor Signature: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
Date								
Regular Hours								
Overtime Hours								
							Total	

I certify I have worked the hours above.

Contractor's Signature: _____ Date: _____

Client Agreement

In the event that Perceptive Healthcare Consulting's contractor is hired by or works directly for the CLIENT within one year of this assignment, the CLIENT agrees to:

- a) Notify PHC, Inc. immediately
- b) Pay a fee to PHC, Inc. representing liquidation damages. A fee schedule is available to CLIENT upon request.

Time and one half shall be charged for hours worked in excess of 40 per week, unless prior agreement has been made in advance. Hours shown above are certified correct, and approved for prompt payment in fulfillment of payroll.

Supervisor Signature: _____ Date: _____

Title: _____ Company Name.: _____