



MEDICAL PERSONNEL SERVICES, INC.

51 Monroe Street
Suite 1208
Rockville, MD 20850
Phone: 301-424-7732
Fax: 301-424-8690

TIMESHEET DUE TO MPS BY 9 A.M. MONDAY MORNING FAX: 301-424-8690

EMPLOYEE NAME: _____

CLIENT OFFICE: _____

PLEASE NOTE THAT LUNCHES ARE NOT PAID

Monday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Tuesday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Wednesday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Thursday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Friday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Saturday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Sunday _____ am to _____ pm =NET # Of Hours _____
(date) (Lunch: _____ to _____)

Total Regular Hours: _____
Total Overtime Hours: _____
Overtime Approved By: _____

EMPLOYEE: I declare that the above is true to the best of my knowledge and belief and that I will not accept employment or temporary assignments without informing Medical Personnel Services, Inc. I understand that I am required to check in for available work at the end of each assignment. I also understand that failure to do so could affect unemployment benefits.

Employee Signature: _____ Date: _____

CLIENT: I declare that the above is true to the best of my knowledge and belief. I recognize that the individual whose work hours appear above is an employee of Medical Personnel Services, Inc. (MPS), and I understand should I hire the above person as either a permanent or temporary part of my staff within one year of the completion of his/her assignment with us, I will be liable for a placement fee of 20% of his/her imputed annual salary. I further understand that if I receive his/her services through another employment service within one year of their assignment through MPS, I would again be liable for a placement fee of 20%. I also acknowledge my liability for a 1.5% monthly finance charge on permanent or temporary fee aged over 30 days, as well as attorney and court costs associated with any delinquent balances.

Client Signature: _____ Date: _____