Adequate Staffing L.L.C. TIME SHEET

Fax# (540) 663-3489

Employee Name: _____
Facility Name: _____

Date	Start Time	End Time	Regular Hrs		Total Hrs.
		WEEKLY TOTALS:			

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

This facility certifies by signing, that hours are correct and services were performed to satisfaction. The facility also agrees not to employ an Adequate Staffing, LLC employee for seven months. In the event the facility violates this condition, the facility shall pay Adequate Staffing, LLC its full replacement fees as liquidated damages.