

RELIEF MEDICAL SERVICES, INC.
 401 N. Michigan Ave., Ste. 1920 Chicago, IL 60611
 FAX 312-464-0218

☐ RN ☐ LPN ☐ CNA

Print Name _____ ☐ OTHER _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Time In:	Time In:	Time In:	Time In:	Time In:	Time In:	Time In:
Hospital/Client:	Hospital/Client:	Hospital/Client:	Hospital/Client:	Hospital/Client:	Hospital/Client:	Hospital/Client:
Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:
Supervisor:	Supervisor:	Supervisor:	Supervisor:	Supervisor:	Supervisor:	Supervisor:
Dept. or Floor:	Dept. or Floor:	Dept. or Floor:	Dept. or Floor:	Dept. or Floor:	Dept. or Floor:	Dept. or Floor:
Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:	Total hours worked minus 1/2 hr. Lunch:
Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one	Med/Surge/Specialty Circle one

CLIENTS AGREE TO PAY RELIEF MEDICAL SERVICES, INC. A LIQUIDATION FEE OF \$15,000.00 FOR ANY EMPLOYEE OF RELIEF MEDICAL SERVICES, INC. HIRED FOR FULL TIME, PART TIME, OR FLOAT POOL WITHIN 90 DAYS OF THE LAST DAY WORKED.

AGENCY COPY