



NUWEST TIME RECORD

NUWEST EMPLOYEE

Employee's name (print)

Employee's signature

CLIENT INFORMATION

Hospital: (print)

Supervisor Name: Supervisor Title:

REGULAR HOURS WORKED

	DATE	TIME IN	TIME OUT	NO LUNCH	LUNCH TIME OUT	LUNCH TIME IN	TOTAL HOURS	UNIT (required)	COMMENTS
SUN									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
MON									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
TUE									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
WED									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
THUR									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
FRI									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								
SAT									
	<input type="checkbox"/> Cancelled <input type="checkbox"/> Sick <input type="checkbox"/> Holiday <input type="checkbox"/> Charge <input type="checkbox"/> Orientation								

OTHER HOURS

DATE	TIME IN	TIME OUT	TOTAL HOURS	TYPE
				<input type="checkbox"/> On Call <input type="checkbox"/> Call back
				<input type="checkbox"/> On Call <input type="checkbox"/> Call back
				<input type="checkbox"/> On Call <input type="checkbox"/> Call back
				<input type="checkbox"/> On Call <input type="checkbox"/> Call back
				<input type="checkbox"/> On Call <input type="checkbox"/> Call back

EMPLOYEE'S TERMS & CONDITIONS

- I understand that my work will be assigned and supervised by NuWest client company. I am also fully aware that NuWest is not a professionally accredited organization in regards to rendering opinions on technical or professional subject matter, and as such, will not render such opinions on behalf of NuWest or its client. Nor am I authorized to put the name NuWest, sign the name NuWest, or utilize the name NuWest on any documents such as, but not limited to, medical records, negotiable instruments, work requiring public or legal registration, etc. I understand that should I be requested to sign any type of material, whatsoever, I will contact NuWest before doing so, in order to determine if such action is appropriate.
- I understand that, while in an employed capacity as a NuWest employee working for a NuWest client, I am not authorized to operate automotive equipment or machinery (other than office machines or similar light duty apparatus) or to perform any physical work, unless expressly permitted by a representative of NuWest.
- I further understand that as a NuWest employee, I am not authorized to handle or transport cash, negotiables, securities, confidential documents, proprietary information, or other valuables (like or otherwise) without prior written consent of NuWest. Additionally, I understand, for insurance purposes, it is solely my responsibility to notify NuWest within one day of completion of my assignment.
- I also acknowledge and agree that I will not accept direct or indirect employment in any capacity with NuWest client for a period of 1 year following the termination of this assignment with NuWest client, unless express written consent is granted by NuWest.
- I understand that safety in the workplace is of utmost concern and agree to follow safety guidelines at all times. I will also bring potentially unsafe conditions to the attention of NuWest and my worksite supervisor.

CLIENT APPROVAL:

We agree that NuWest invoices are for labor and we agree to pay such invoices upon receipt. We certify the total hours indicated are correct and the work performed was satisfactory. We agree to adhere to NuWest Terms & Conditions listed below and on the NuWest Confirmation letter.

Client name (print)

Client signature

Employee's name (print)

