

# ClearDay

## Healthcare Staffing

PHONE: 1-866-232-8822

FAX: 1-866-636-5665

[info@cleardaystaffing.com](mailto:info@cleardaystaffing.com)

### CALL BACK TIME SHEET

EMPLOYEE: \_\_\_\_\_

FACILITY: \_\_\_\_\_

DATE	START:	START:	START:	START:	START:	HOURS	
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
	START:	START:	START:	START:	START:		
	END:	END:	END:	END:	END:		
Returning to Job						Total to nearest ¼ hour. Minimum 2 hours.	<b>TOTAL HOURS</b>
Job Completed							

By signing below, the facility certifies that the hours indicated are correct and services were performed to satisfaction. The facility also agrees not to employ a ClearDay temporary for a period of 6 months. If the facility violates this condition, they will pay ClearDay its full placement fee as liquidated damages.

\_\_\_\_\_  
Facility Authorized Signature

\_\_\_\_\_  
Employee Signature