

ClearDay

Healthcare Staffing

PHONE: 1-866-232-8822

FAX: 1-866-636-5665

info@cleardaystaffing.com

ON CALL TIME SHEET

EMPLOYEE: _____

FACILITY: _____

| DAY | DATE | ON CALL STARTS | ON CALL ENDS | HOURS ON CALL |
|-----------|------|----------------|--------------|---------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

Returning to Job

Job Completed

Total to nearest ¼ hour.

Minimum 4 hours.

TOTAL ON CALL HOURS

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