



High Quality Care Nursing, Inc.

217 Main Street, Laurel, MD 20707

Phone: 301-617-9315 Fax: 240-786-5382 Fax: 301-364-9119

CLIENT NAME							
DAY	DATE	DAY SHIFT	EVE SHIFT	TIME IN	TIME OUT	HOURS WORKED	AUTH. REP INITIALS
M							
T							
W							
T							
F							
S							
S							
Employee Name: (Print)					TITLE (CIRCLE ONE)		
					LPN	GNA	CMA
<p>I, the undersigned, certify that this is an accurate record of my time worked during the week listed herein. I ensured that these hours were verified by the client. I further affirm that no injury was sustained by me during this week of work.</p> <p>The undersigned hereby affirms that he/she shall not solicit the client(s) of High Quality Care Nursing Agency, Inc to employ the services of an alternative agency for any reason. In the event that the undersigned violates this provision, he/she shall pay to High Quality Care Nursing Agency, Inc.; liquidated damages in the amount of \$5,000.00 or the amount which the agency expects to earn from clients absence, whichever is greater along with the attorney's fees and court cost incurred by High Quality Nursing Care in enforcing this agreement. In the event that the client decides to terminate the services of High Quality Care Nursing Agency, Inc. for any reason, the undersigned hereby agrees that he/she shall not be employed by the client for a period of 180 days following the termination of High Quality Care Nursing Agency, Inc. I accept that in the event that I transfer High Quality Care Nursing Agency, Inc client or move the client to another competing Agency, that I shall not receive the last paycheck payable to and shall reimburse High Quality Care Nursing Agency, Inc. all associated legal fees that might arise.</p>							
Subcontractor Signature							
<p>I certify that the above hours are correct and that the subcontractor performed his/her duties satisfactorily. I recognize the rights of High Quality Care Nursing Agency, Inc as the contractor and agree NOT to employ the person named above directly or indirectly, for a period of 180 days following termination of this assignment. If this agreement is forfeited by the facility Client, they will be fined \$,5000.00 and be required to pay attorney's fee and court fee for High Quality Care Nursing Agency, Inc.</p>							
Authorized Client Signature							