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 www.Nurses-Plus.com • info@nurses-plus.com

DATE

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YOUR NAME *(print)*

JOB TITLE

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DAY OF THE WEEK *(Circle One)*

MON	TUE	WED	THU	FRI	SAT	SUN
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TIME IN

TIME OUT

MEAL BREAK

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*(Complete Each Space)*

TOTAL HOURS

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COMMENTS *(Rate-Bonus-Call-in-Etc.)*

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Client's authorized signature **MUST** appear **DAILY**. By signing this slip, you (the client) agree to pay for the time as shown and represent that you have read, understood and agree to the terms and conditions printed on the face and reverse side of this contract. Client's payment of time furthermore represent that you have read, understand and agree to the terms and conditions for this time and any future business with Nurses Plus.

AUTHORIZED SIGNATURE *(Client)*

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CLIENT / FACILITY NAME

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White & Canary - Nurses Plus • Pink - Client • Gold - Yours

OUR TERMS AND CONDITIONS

Client (aka Facility in Agreement) hereby confirms its agreement with Nurses Plus Healthcare (Nurses Plus) to the following terms and conditions now or in the future.

**You may request a full version of our Terms and Conditions by requesting a copy of our Agreement by contacting Nurses Plus or by visiting our website at [www.Nurses-Plus.com/clientagreements](http://www.Nurses-Plus.com/clientagreements).**

Client agrees by its signature to this document or payment of invoice to the Terms and Conditions of our Agreement available online at [www.Nurses-Plus.com/clientagreements](http://www.Nurses-Plus.com/clientagreements), or by contacting Nurses Plus. The terms and conditions of the Agreement shall supersede any existing agreement with client unless otherwise agreed to in writing.

Below are several areas of the agreement that may change from time to time. In the event of a conflict in this document and our Agreement, the Agreement shall supersede this document.

**Payment**—The client agrees to pay Nurses Plus the rate of 1.5% per month (an interest rate of 18% per year) on the unpaid balance of any invoices over 30 days old. Client also agrees to pay the additional cost of an attorney or collection agency if required to collect payment for due invoices.

**Hiring**—Client will take no steps to recruit as its own employee those Contractors provided by Nurses Plus during the term of this agreement. Client understands Nurses Plus is not an employment agency and that its Contractors are assigned to the Client to render temporary service and are not assigned to become employed by the Client. If a Client does hire a Nurses Plus team member that has provided services to the Client through Nurses Plus within ninety (90) days of hire date by the Client, the Client agrees to compensate Nurses Plus at 25% of estimated first years wages based upon standard market rates as determined by Nurses Plus. This payment shall be the sole remedy of any hires made by Facility to Nurses Plus.

**INDEMNIFICATION**—CLIENT AGREES TO INDEMNIFY AND HOLD NURSES PLUS, INCLUDING DIRECTORS, OFFICERS AND OWNERS HARMLESS FROM ALL CLAIMS, SUITS, JUDGEMENTS AND DEMANDS ARISING NEGLIGENT AND/OR INTENTIONAL ACTS AND OMISSIONS BY FACILITY OR CONTRACTORS PROVIDED BY NURSES PLUS.



[www.Nurses-Plus.com](http://www.Nurses-Plus.com)