



Traveler's name: _____ Month/Year _____

Hospital/Lab/pathology group name: _____

Days Worked	MM/DD/YYYY	Start Time	End Time	Number of Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Total hours for the week	N/A	N/A	N/A	

Traveler: I certify that I have worked the hours listed on the time sheet. While on this assignment, I have not had any work-related injuries or illnesses that I have not reported to Pathologists' Assistant Consulting, a Florida limited liability company dba Nicklas Medical Staffing.

Traveler's Signature: _____ Date: _____

Hospital/Lab/pathology group: Signature is verification that, unless altered through written agreement between Client/Company and Pathologists' Assistant Consulting, LLC dba Nicklas Medical Staffing, that: 1.) Consultant/Contractor worked acceptably during the period noted on the time card; 2.) the hours reported are true and correct; 3) upon receipt of invoice, payments are due as per staffing service Agreement and weekly thereafter; 4.) if timely payment is not received as per staffing service Agreement, the agreed upon penalties shall be assessed, including attorney's fees reasonably incurred in pursuant of collection of debt in the state and federal courts located in which the contract was signed shall be appropriate forum and venue for dispute resolution arising, hereunder. The client/company does consent to jurisdiction of such courts as per staffing service Agreement. The staffing services Agreement contract signed between Pathologists' Assistant Consulting, LLC dba Nicklas Medical Staffing and Client/Company shall supersede all statements above.

Authorized Signature: _____ Date: _____

Title: _____

Email to: Accounting@NicklasStaffing.com or Fax to: 1-800-507-6530 before the Tuesday at 12PM following the week worked.