



www.cascadestaff.com

Kansas City 816-229-5800
Fax 816-229-0020

Topeka 785-228-9922
Fax 785-228-9974

Wichita 316-688-9902
Fax 316-688-9970

Employee's Name		RN	LPN	CNA	CMA/CMT
Name of Facility		Facility Unit Name		Unit Description (MS, ICU, etc.)	

Day	Date	Shift	Time In	Lunch Break	Time Out	Total Daily Hours	QP	OFFICE USE ONLY			
								P	B	PPE	
		1									
		2									
		3									

Employee Signature Verifies: that the hours shown above represent my total hours worked and are correct, and that they were verified by the client or an authorized representative. I also certify that no injuries have occurred THAT WERE NOT REPORTED to Cascade at the time of incident. I have completed my assignment and I understand it is my responsibility to request reassignment (\$288.050.1(1) RSMo). I also agree that I have followed Cascade's policies and can have a new copy at any time.

Client Signature Verifies: 1. Hours shown are correct. 2. Changes from routine hours were at my or my reps request. 3. Employee performed satisfactorily. 4. Client is bound to the most recent CASCADe rate letter, whether signed or unsigned, and this includes but is not limited to payment terms, hiring of Cascade staff, loan and gift policy, and driving policy.

EMPLOYEES SIGNATURE: (See Verification Policy)

Date: _____

SIGNATURE OF AUTHORIZED CLIENT ONLY: (See Verification Policy)

Copies: White=Cascade Canary=Invoice Pink=Employee Gold=Facility



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