

ENVISTA HEALTH

DAILY TIME SHEET

Winter Park: (407) 637-2981 • Fax: 1+ (321) 549-7981
Tampa: (813) 252-2224 • payroll@envistahealth.com

TEAM MEMBER NAME:

DISCIPLINE: RN LPN CNA/HHA

CLIENT:

FACILITY/PATIENT NAME:

DEPARTMENT:

SUPERVISOR:

Envista Health's work week is from **Sunday to Saturday**. It is the responsibility of the team member to complete the time sheet accurately and promptly. If you take any unpaid breaks (i.e. lunch), indicate that by documenting two Start/End times for the day. **Time Cards are due by 10:00 am on MONDAY**

DATE	START TIME	END TIME	START TIME	END TIME	TOTAL HOURS
/ /					

TEAM MEMBER signature:

Date:

AUTHORIZED signature:

Date:

I certify that I am authorized to sign on behalf of the client and that the information provided is accurate and reimbursable according to the terms of agreement between Envista Health and client facility, third party or individual.

COMMENTS:

White: Envista Office • Yellow: Client • Pink: Team Member

ENVISTA HEALTH

Client hereby confirms agreement with Envista Health as to the term of services rendered by Envista Health now and in the future.

TERMS AND CONDITIONS

1. Envista Health reserves the right to establish payment and benefits if any, with contract professionals, and assumes responsibility for the payment for such compensation.
2. Client will be charged a 4 hour minimum, if any scheduled shift is canceled after the 2 hour minimum (2 hours prior to shift). On-call time will be billed at 1/2 the hourly rate.
3. Client acknowledges and agrees that the contracted professional assigned by Envista Health is not an employee of the client.
4. Client understands Envista Health contract agreement with workers and accepts the responsibility to discuss all matters regarding their contract, with Envista Health
5. Facility/Contractor agrees to pay Envista Health a liquidation fee of \$5,500.00 for any CNA and \$8,500.00 for any nurse that the Facility employees within six months that such contractor has worked at a Facility and as a contractor of Envista Health
6. Client shall indemnify and save Envista Health harmless for claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by client and which Envista Health contractors are assigned.
7. Client agrees not to entrust Envista Health and contractors with unattended valuables.
8. Client agrees that all hours worked will be billed accordingly to contract with client.
9. Client agrees to the work week Sunday first shift through Saturday third shift.
10. Holidays that are billed at time and one half times the hourly rate: New Year's Day/Eve, Easter, Labor Day, 4th of July, Memorial Day, Thanksgiving and Christmas Day/Eve unless a client contract states otherwise.
11. Invoices are prepared weekly and due upon receipt of invoice. A service charge of 1.5% per month will be added to all amounts outstanding after 30 days. If there is a need to turn this over for collection, client will be responsible for reasonable attorney fees and court costs as specified by the laws of the State of Florida.
12. Customer and Contractor understand and agree that the hours worked as indicated on the front of this time ticket are correct and that any falsification of said information may subject the culpable party to civil and criminal liability.

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For questions regarding billing, please call
TOLL FREE (855) 765-7648