



# VitalSigns

Healthcare Staffing

4465 South 900 East, Suite 150 | Salt Lake City, Utah 84124

Ph. 801- 892-8300 or Toll Free 888-297-0570

Fax. 801- 892-8399

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Please Circle: RN LPN CNA Other: \_\_\_\_\_

Date Worked: \_\_\_\_\_ Unit/Floor: \_\_\_\_\_

Day of Week: Sun Mon Tues Wed Thurs Fri Sat

Shift Started: \_\_\_\_\_ Shift Ended: \_\_\_\_\_

Lunch: Yes / No How Long \_\_\_\_\_

Total Hrs: \_\_\_\_\_

Patient(s) Name: \_\_\_\_\_

Visit Type: Home Health / Hospice

Total Mileage: \_\_\_\_\_

Number of Visits: \_\_\_\_\_

Circle One: Direct Deposit Mail Check Pick Up Check

I certify that the hours shown above represent my total hours worked and that they were properly verified by the client or by an authorized representative. I also certify that I was not injured on the above shift.

\_\_\_\_\_  
Employee Signature

I recognize the rights of VITAL SIGNS STAFFING, LLC. as the employer and agree not to employ directly in any capacity the person named hereon without first providing VITAL SIGNS STAFFING, LLC. at least ninety (90) days written notice following the termination of this assignment. I certify that the hours shown above are correct and that the employee performed satisfactorily.

\_\_\_\_\_  
Client Signature

PAY SLIP MUST BE RETURNED TO VITAL SIGNS STAFFING, LLC. WITHIN 7 DAYS  
White - VSS Yellow - Employee Pink - Client



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