



PATIENT

Crews, Jeffrey

CONSULTANT/SUBCONTRACTOR

Jane Doe

DATE	LABOR CATEGORY	DESCRIPTION	IN	OUT	TOTAL HOURS	CLIENT SIGNATURE
SUN	LPN	Extended PDN	8pm	8am	12	Marsha Crews
MON	LPN	Extended PDN	8pm	8am	12	Marsha Crews
TUES	LPN	Extended PDN	8pm	8am	12	Marsha Crews
WED	LPN	Visit	1pm	3pm	2	Marsha Crews
THURS	LPN	Extended PDN	6am	6pm	12	Marsha Crews
FRI	LPN	Visit	4pm	6pm	2	Marsha Crews
SAT	LPN	Visit	4pm	6pm	2	Marsha Crews

For the Client or Responsible Party:
I certify the hours that I sign and acknowledge are correct and the work was performed in satisfactory manner.

I agree not to hire (directly or indirectly) the individual named above except with both written and verbal permission of Chesapeake Home Health Care and agree that such individual shall remain employed with Chesapeake 90 days from the date of such permission.

If no permission is granted by Chesapeake, I agree not to hire (directly or indirectly) the individual named above of not less than 365 days from the date of termination of such consultant's assignment with client. I understand and agree that if I violate this agreement, or threaten to do so, Chesapeake shall be entitled to obtain an injunction restraining me from any further violation. In lieu of compensatory damages and at Chesapeake election, I shall pay liquidated damages in an amount to be determined by Chesapeake. I further agree to pay Chesapeake reasonable costs incurred in completing compliance with the agreement, including but not limited to its attorney's fees.

I agree not to pay the individual directly under any circumstances. I also agree to pay the invoice within 14 days of receipt. I understand a late charge will be made on all accounts which are 30 days past due.

For the Consultant/Subcontractor
I hereby validate that the hours were worked by me during the week ending shown above and were properly authorized by a representative of the named client above on this slip.

CONTRACTOR SIGNATURE
Jane Doe

ADMINISTRATOR/DOCS SIGNATURE

Dawn Cole, RN

TOTALS 54