



RAYZ 4U
LLC
 MEDICAL IMAGING ON THE MOVE!

PHONE: 1-866-232-8822 FAX: 1-866-636-5665

CALL BACK TIME SHEET

EMPLOYEE: _____

FACILITY: _____

DATE	START:	START:	START:	START:	START:	HOURS
	END:	END:	END:	END:	END:	

Returning to Job

Job Completed

Minimum 2 hours. Total to nearest ¼ hour.	TOTAL HOURS
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The facility certifies by signing, that the hours indicated are correct and services were performed to satisfaction. The facility also agrees not to employ an XRAYZ 4U, LLC temporary for a period of 6 months. In the event facility violates this condition, the facility shall pay XRAYZ 4U, LLC its full placement fee as liquidated damages.

 Facility Authorized Signature

 Employee Signature