

# REFERRAL TIME SHEET



(919) 545-0985

## FACILITY INFORMATION

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

REFERRAL NAME:	SS#
ADDRESS:	RATE:
	DOB:

DATE	START TIME	END TIME	REGULAR HOURS	RATE	TOTAL HOURS
WEEKLY TOTALS:					

REFERRAL SIGNATURE:	DATE:
SUPERVISOR SIGNATURE :	DATE:

THE ABOVE FACILITY REALIZES THAT A REFERRAL FEE WILL BE CHARGED BY ADA, INC. WHENEVER THE ABOVE REFERRAL IS EMPLOYED ON A TEMPORARY BASIS FOR THE NEXT TWELVE MONTHS. THE FACILITY ALSO REALIZES THAT IF THEY PERMANENTLY HIRE THE ABOVE REFERRAL THEY WILL BE BILLED A PERMANENT PLACEMENT FEE.

PLEASE MAKE A COPY FOR YOUR OFFICE & HAVE THE TEMPS FAX TO OUR OFFICE  
 Fax: (919) 545-0123