



Tea for Two

900 Victors Way Suite 250
Ann Arbor, MI 48108
Washtenaw County 734-769-4839
Oakland County 248-344-4700

Non-Medical Assisted Care

Client _____

Week Ending Date
(Sunday) _____

Address of Client (Including City, State and Zip Code) _____

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the named client.

Employee Name (Please Print) _____

Employee Signature _____

	Start Time	Time Finished	Less Lunch	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total Regular Hours _____

Total Overtime Hours _____

(Hours to nearest ¼ hour)

TOTAL HOURS _____

CONTRACT BETWEEN TEA FOR TWO AND THE ABOVE NAMED CLIENT

It is hereby understood that Tea for Two is established to provide temporary/permanent support. It is agreed that should we (above named company) desire to employ above-named employee, we will first contact Tea for Two. We agree to abide by Tea for Two terms not to employ the above-named employee within six months from last date employed by above-named company or to put above-named employee on above-named company's payroll without first contacting Tea for Two.

Customer Signature _____

Date _____