UNLIMITED ADVANCED DIVERSITY, LLC

MEDISCAN STAFFING SERVICES

CALIFORNIA STATE PRISONS - PER DIEM SIGN IN SHEET

The **deadline** for sign in sheet is Monday, 12PM PST. Please fax to **818-401-2126**

Facility: _____ **Department:** _____

Date	Name	Floor	Time In	Time Out	Total	Overtime	Signature*	Supervisor Signature	Supervisor Name

Total Hours:

Temp Signature*

Your signature certifies that all of the above information is true and accurate. You certify that no accident or injury was sustained while at work during the time covered in this sign in sheet, except as reported to Unlimited/Mediscan by submitting an accident report before/with this sign in sheet. You certify that you have taken your 30-minutes lunch unless otherwise noted and approved by supervisor.

All Sign In Sheets must be signed by a Supervisor.

Manager/Director Signature **Date**

Manager/Director Print Name

The facility certifies that: hours shown are correct, work was done according to Quality standards, and facility agrees to the terms and conditions of the Unadi contractual agreement and will pay invoices related to this sign in sheet in full.