

**EMPLOYEE / CONSULTANT TIMESHEET**

**PLEASE PRINT WITH DARK INK**

|                                  |  |   |  |
|----------------------------------|--|---|--|
| Employee/Consultant Name:        |  | Client Name:                                      |  |
| Employee/Consultant SS#:         |  | Client Department:                                |  |
| Client Supervisor's Name:        |  | Client Work Location: (Address, City, State, ZIP) |  |
| Client Supervisor's Telephone #: |  |   |  |

| Day of Week                                      | Sat.     | Sun.     | Mon.     | Tue.     | Wed.     | Thur.    | Fri.     | Total Hours Worked |
|--|----------|----------|----------|----------|----------|----------|----------|--------------------|
| Actual Dates                                     |          |          |          |          |          |          |          |                    |
|  | mm/dd/yy | mm/dd/yy | mm/dd/yy | mm/dd/yy | mm/dd/yy | mm/dd/yy | mm/dd/yy |                    |
| Regular Hours:<br>(nearest 1/4 hour)<br>¼ = .25  |          |          |          |          |          |          |          |                    |
| Overtime Hours:<br>(nearest 1/4 hour)<br>¼ = .25 |          |          |          |          |          |          |          |                    |

**EMPLOYEE/CONSULTANT CERTIFICATION**

I hereby certify that the hours documented above were worked by me on the dates indicated and were properly authorized and certified by an authorized representative of the client identified above. I agree that if I do not contact the office identified above upon completion of my temporary assignment, it can be assumed that I am not available for work.

|                                |                                   |       |
|--------------------------------|-----------------------------------|-------|
| Employee/Consultant Signature: | Employee/Consultant Printed Name: | Date: |
|                                |                                   |       |

**CLIENT CERTIFICATION**

Execution of this form by the undersigned authorized client representative constitutes certification that the total hours (regular and overtime) listed above are correct as stated, that the work was performed in a satisfactory manner and that the client agrees to the terms and conditions stated below.

|   |               |       |
|---|---------------|-------|
| Authorized Client Representative Signature: | Printed Name: | Date: |
|   |               |       |

**CLIENT TERMS AND CONDITIONS**

1. Assigned Employees/Consultants are assigned to work for client organizations on a temporary basis. If client or any of its affiliates directly hires or utilizes the services of the employee/consultant named above on either a full or part time basis during the employee/consultant's assignment or within one year after the termination of such assignment, the client agrees to pay a 25% placement fee computed on the employee/consultant's annualized starting compensation, wage or salary (whether part time or full time). The foregoing applies, without limitation, when the client enters into a contract or other agreement with another staffing company that hires or utilizes the employee/consultant to service the client.
2. In the event it becomes necessary to pursue collection of any amounts past due, including the collection of the above placement fee, client agrees to bear all collection costs, charges, expenses, filing fees and reasonable attorney's fees, including but not limited to those arising from any
3. Assigned Employees/Consultants are not authorized to wire transfer, transport, or handle cash, negotiable instruments or other valuables of any kind without the prior written authorization of the Assigning Company.
4. Assigned Employees/Consultants are not authorized to render an opinion on financial statements or to sign any financial statement or tax return while on assignment.
5. Assigned Employees/Consultants are not authorized to operate automotive equipment or any other machinery of any kind while on assignment.
6. If an assigned Employees/Consultants nevertheless wire transfers, transports or handles cash, negotiable instruments or other valuables, or renders an opinion or signs any financial statement or tax return or operates any equipment or machinery while on assignment to the client or any of its affiliates, client accepts full responsibility for and will hold the Assigning Company harmless from all resulting loss, theft, claims, penalties, assessments, bodily injury, death, property damage, fire, collision and public liability damage claims.
7. Client shall monitor the performance and activities of assigned Employees/Consultants. Client's signature on this document constitutes agreement that the Employee/Consultant's work for the period indicated was satisfactory and that client will pay the Assigning Company for same. Assigning Company's liability for any act of omission by Assigning Company or the Employee/Consultant, whether negligent or intentional, shall not exceed the sum which client would owe Assigning Company for 40 hours of work by Employee/Consultant, and Assigning Company's liability is expressly so limited.

**PLEASE FAX TO (888) 538-5170**