

AllStaff Fax time card to: 727-577-0001

WEEK ENDING DAT (SUN) EMPLOYEE NAME (PRINT)

We certify that the hours shown on this timesheet including overtime are correct. Client and employee signature includes acceptance of terms and conditions on the reverse side.

CLIENT - Authorized Signature of Company Representative

Sign here: _____
 I have read, understand and agree to accept the terms and conditions on the reverse side. I certify that the temporary employee's hours shown on this timesheet are correct and that the work was performed satisfactorily.

Firm: _____

CLIENT - Please write total hours in words below.

Is this employee's assignment completed in full? Yes No

CLIENT		SOCIAL SECURITY NUMBER		
REPORT TO		SOCIAL SECURITY NUMBER		
	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS
MON.				
TUE.		DRAW LINE		
WED.				
THU.		THROUGH DAYS		
FRI.				
SAT.		NOT WORKED		
SUN.				
Show hours to nearest 1/4 hour (.25)			TOTAL HOURS FOR WEEK	
BLUE/Customer Copy - YELLOW/Employee Copy - WHITE/Copy & Fax to AllStaff				

TO RECEIVE YOUR PAYCHECK, THIS CARD MUST BE RECEIVED BY ALLSTAFF NO LATER THAN MONDAY AT 12 NOON

CUSTOMER AGREEMENT

This is a contract between AllStaff and its client customer. The contract includes AllStaff's Terms and Conditions Please Read Before Signing

The person signing this timesheet is an authorized representative of the client company and hereby certifies that the hours worked on the front of the timesheet are correct and that the work was performed satisfactorily.

We (the client) understand that AllStaff incurs substantial expense for recruiting, interviewing, testing, and retaining its employees. Therefore, in consideration for this service, we agree that if any employee named herein is employed by us, our associates or affiliate (including but not limited to as a salaried employee, consultant or as an independent contractor) or is working on our premises but is employed by an employee leasing company or other temporary help agency through whom we lease personnel, during a temporary assignment, or within six (6) months after that temporary assignment, we hereby agree to pay AllStaff a settlement fee equivalent to the AllStaff permanent placement fee of 1% per thousand dollars of annual salary up to a maximum of 30% of annual salary. The minimum settlement fee is at least two thousand dollars (\$2,000.00)

We understand that the supervision of the assigned AllStaff, Inc. employee for the agreed upon duties is our (the client) responsibility. We agree not to authorize any AllStaff employee to operate any motor vehicle, automobiles or truck equipment without signing a Driver's Release Form supplied by the AllStaff office. We agree to accept full responsibility for any bodily injury, physical loss, property damage or liability including fire, theft or collision caused or incurred by an AllStaff employee while said employee is operating any of the aforementioned vehicles or equipment or while operating any machinery. We agree not to entrust any AllStaff employee with cash, negotiable instruments or other valuable property without prior written permission from AllStaff, and then only when an employee's specific duties necessitate such activity. Without such prior written permission, we accept full responsibility for any loss or liability caused or incurred by an AllStaff employee while handling cash, negotiables or other valuables.

We agree to notify AllStaff in writing of any claims within (10) working days of the discovery of the alleged act or incident. We further agree to provide all general and specific safety training necessary to perform the assignment including safety information regarding exposures to hazardous substance, and to provide to AllStaff employees protective equipment that is legally required or necessary to perform the assignment safely and to ensure that the employee use said equipment.

The AllStaff employee is compensated on a weekly basis. Therefore, the client will be billed weekly. Payment will be due within ten (10) days after the invoice date. The client customer will be billed for the hours shown on the front of the timesheet at the agreed upon rate. Overtime hours will be billed one-and-one half times the straight billing rate, in the event that our client customer fails to pay the charges of AllStaff (whether for temporary services or settlement fee) when due, the client customer shall pay all collection and/or litigation costs plus reasonable attorney's fees.

We hereby warrant that we (the client/customer) are in compliance with all laws, rules and regulations of duty constituted governmental bodies, concerning AllStaff or any other employees and agree to indemnify and hold AllStaff harmless from any and all damages, claims, suits, demands or other causes of action which may arise or be asserted against AllStaff and its employees by reason of our (the client/customer) failure to comply with same.

EMPLOYEE AGREEMENT

I agree to contact my AllStaff office after the completion of each assignment. I understand that if I do not maintain contact, I will be ineligible for any unemployment benefits, as established by Federal Law.

I understand that by signing this timesheet, I agree that the indicated hours worked are true and correct.

In consideration of the service AllStaff has provided to me, I agree to notify AllStaff in the event I am offered any employment opportunity working at the client company premises, whether that employment is offered directly by the client company, employee leasing company, or other temporary help agency.

Furthermore, I agree not to accept employment from the client company, employee leasing company, or temporary help agency at the client company premises during an assignment or for a period of six (6) months after my temporary assignment has ended without AllStaff's written authorization. In the event that I accept employment from any of the above during the specified time, without AllStaff's written permission, I agree to pay AllStaff a settlement fee equivalent to the AllStaff permanent placement fee contained in the Customer Agreement listed above this Employee Agreement.

I agree to contact my AllStaff office in the event that I am asked to perform work or operate equipment which seems unsafe.

In the Event that I am injured while working on any assignment for AllStaff, I agree to immediately contact the AllStaff office. Failure to do so may result in the delay/denial of my benefits.