

## TIMESHEET

PLEASE READ CAREFULLY, *Sign in black ink.*

CLIENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DAY	DATE	TIME STARTED	TIME FINISHED	LESS MEAL TIME	REGULAR HOURS	OVERTIME HOURS	OVERTIME APPROVAL
SUN							
MON							
TUE							
WED							
THU							
FRI							
SAT							

I CERTIFY THAT I HAVE WORKED THE DAYS AND TIME SHOWN

**TOTAL**

**EMPLOYEE:** I certify that the time worked as shown is true and accurate and was worked by me during the days in the indicated week and was properly certified by the client or the client's representative's signature at the bottom thereof. I also certify that I did not receive any injuries during this assignment. I understand that I am to contact WSi Personnel Services, Inc. office immediately after completing the assignment to determine if there is further employment for me. I agree that if I do not contact WSi Personnel Services, Inc. (hereafter referred to as WSi), immediately upon completion of an assignment, WSi can assume that I am not available for employment. ALL UNSIGNED TIMESLEIPS WILL BE RETURNED TO THE EMPLOYEE WITHOUT A CHECK.

**CLIENT:** I certify that the WSi employee worked the times indicated and that the work was performed in a satisfactory manner. The client's exclusive remedy and WSi sole liability for claims of any kind or nature as to the services rendered by the employee shall be limited to the amount of compensation to be paid WSi. Failure to give written notice of claim within 15 days after occurrence shall constitute a waiver by client. Client represents and warrants that in the event client chooses to have a WSi employee operate any vehicle under client's control in the said employee's course of employment, that vehicle is adequately insured by client, including, but not limited to: Public liability, property damage, collision, fire, theft and uninsured motorist coverage and that WSi and it's employee shall have full protection and benefits from such insurance. It is acknowledged, understood, and agreed that insurance furnished by WSi does not cover physical loss or damage caused by the operation of anyone's vehicle or machinery. The client shall not entrust WSi employees with the handling of cash, jewelry, or anything of value or entrust them to be responsible for such valuables without first obtaining written permission from WSi. The client also agrees that WSi will not be responsible for claims made under WSi fidelity bond unless the client reports such claims in writing to WSi within 10 days from the last day of service rendered under this agreement and the client agrees to cooperate fully in the investigation and subsequent prosecution. No oral statement of any person shall modify or otherwise affect the above terms and conditions. In consideration of furnishing the WSi employee, the client agrees that it shall not employ any employee from WSi, or through any other employment agency, for 1 year following the completion of services rendered to the client. In the event the client violates the above condition, the client shall pay to WSi upon demand the sum of 1% per \$1000 times annual salary (example: \$15,000 job would compute at 15% x \$15,000 or the fee of \$2,250.00) of said employee as liquidated damages. The client agrees to pay for the services immediately upon receipt of an invoice for such services and to pay interest on the unpaid balance of any such invoice over 30 days old at the rate of 1.75% per month (annual % rate of 21%), or the legal maximum interest rate, together with reasonable attorney's fees for costs of collection. The minimum charge for each temporary employee is 4 hours per day. All rates are subject to change without notice. Current rate schedules will be provided upon request. An additional charge consistent with applicable labor regulations shall be made when overtime provisions are in effect. By accepting the services of any WSi employee, client is deemed to have accepted the terms and conditions set forth herein. The client company shall provide professional liability insurance coverage for all temporary employees while under Client's supervision. CLIENT SHALL NOT PAY OR ADVANCE ANY MONEY TO EMPLOYEE AND MAY NOT ASSERT ANY SUCH PAYMENT AS A SETOFF AGAINST WSi.

THIS IS A CONTRACT

EMPLOYEE SIGNATURE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_

PAY MISC. CHGS. (TRAVEL, ETC.) \_\_\_\_\_

BILL MISC. CHGS. (TRAVEL, ETC.) \_\_\_\_\_