



WEEKLY

EMPLOYEE NAME						
SOC. SEC. NO.						
ROUND TO NEAREST QUARTER HOUR						
	DATE	START	FINISH	LESS LUNCH	TOTAL HOURS	
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
WEEK ENDING			TOTAL HRS. WORKED	REG.	O.T.	
I hereby acknowledge receipt of net pay and certify no accident or injury was sustained while Working on this assignment, unless so notified to a 1st Staffing Group Staffing Specialist						
CUSTOMER						
ADDRESS						
CITY / STATE / ZIP						
ATTN.						
OFFICE TO COMPLETE						
JOB ORDER #						
CUSTOMER #						
WEEK ENDING			COMP CODE			
BATCH #			CK #			
	REG HOURS	OT HOURS	REG RATE	OT RATE	DEDUC-TIONS	VACATION HOLIDAY
PAY						
BILL						
Customer and associate each certify that the hours stated on this time sheet are correct. Customer further certifies that the work was performed satisfactory and promises to pay for the hours worked.						
ASSIGN. COMP.			RETURNING			
CUST. SIG. X						
ASSOC. SIG. X						

TERMS AND CONDITIONS

The following terms and conditions form the basis for **1st Staffing Group USA** (hereinafter referred to as **1SG**) supplying contract temporary help to Client companies. The signature of the Client or his agent on this timecard constitutes full acceptance of the following:

1. It is agreed that the Liability Insurance furnished to **1st Staffing Group USA** Employees does not cover the operation of the Client's motor vehicles by any **1SG** Employee, nor does it cover physical loss or damage of machinery, equipment or materials of the Client while in the care, custody or control of **1SG's** Employee.

2. It is agreed that the Client shall accept full responsibility for bodily injury, property damage, fire, theft, collision, or public liability claims arising out of the operation of the Client's motor vehicle, whether owned or rented, by a **1SG** Employee.

3. It is agreed that the Client will not entrust a **1SG** Employee with unattended premises or any part thereof, or with the care, custody, control of cash negotiable, or other valuables without prior permission of **1SG** and then only when **1SG's** Employee's specific duties necessitate such activities.

4. It is agreed that the Client will promptly notify the local **1SG** office if any injury should occur.

5. It is agreed that the Client shall notify **1SG** of any changes in the duties of **1SG's** Employee from those originally described to **1SG**.

6. It is agreed that charges for temporary help are due upon receipt of an invoice and the Client agrees to pay the charges evidenced by this timecard promptly.

7. Minimum Billing - 4 hours per day per Employee, time is rounded to the nearest quarter hour. Over 40 hours in one week will be billed at one and one-half times the normal hourly billing rate as required by law.

8. Settlement Payment - You recognize that **1SG** has expenses in maintaining a temporary staff (advertising, recruiting, testing, checking of licenses, references and health status, if applicable, etc). If you transfer a **1SG** employee to your payroll or an affiliate's payroll as an employee, consultant or utilize this person's services through another temporary or outsourcing service before they have completed 500 straight hours of service or within 90 calendar days after termination of this person's temporary assignment, You (the customer) agree to pay a minimum of \$2500 per employee unless otherwise agreed upon by **1SG**.

FOR THE EMPLOYEE

1. I understand that I am an employee of **1st Staffing Group USA**.

2. I understand that I must contact the **1SG** office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact **1SG** upon completion of an assignment within 48 hours, **1SG** can assume I am not available for work and have voluntarily quit.

3. I will promptly notify the local **1SG** office if I am injured during the assignment.

4. I hereby give **1SG** permission to make any deductions from my wages for payment of, or due to, loans, advances, group benefits, uniform rental, in-house company purchases, etc., in the event that these circumstances arise or they are requested by legal authority or otherwise requested by authorized personnel.

5. I understand that this timecard is the record that I was on assignment and worked the hours shown on the face hereof. **1SG** cannot issue payment without presentation of a timecard signed by me and signed by the authorized representative of the Client of **1SG**.