

TIMECARD

WORK LOCATION: _____

EMPLOYEE NAME: _____



	MON	TUE	WED	THU	FRI	SAT	SUN	TIMECARD INSTRUCTIONS FOR EMPLOYEE			
TIME IN								1. Document Time In/Out (Subtract Time Spent on Break/Lunch) 2. Supervisor INITIALS Timecard Daily (below Daily Work Hours) 3. Supervisor SIGNS Timecard Weekly (or at End of Assignment) 4. Timecards are Due <u>Monday</u> (for P/R) - It is <u>YOUR</u> Responsibility			
(LESS) BREAK/LUNCH											
TIME OUT										TOTAL	WEEK-ENDING
TOTAL HOURS (DAILY)										WORK HOURS	SUNDAY
SUPERVISOR'S INITIALS									/ /		
<p>AGREEMENT: This Timecard is "A CONTRACT" between "Client" and Harris Enterprises, LLC d/b/a Hospitality Staffing Solutions (Agency). Client hereby authorizes Agency to compensate the above named employee for these recorded work hours and agrees to compensate Agency at the agreed upon bill rate for these hours upon receipt of the Agency invoice. Client further agrees: 1.) Not to hire away, <i>or cause to be hired away</i>, the above named employee for a period of one year after completion of this or any future assignment. 2.) In the event Client does hire the above named employee, Client agrees to compensate Agency a "Finder's Fee" equivalent to 100x the hourly pay rate, or \$765.00, whichever is greater. 3.) Client understands that they may hire the above named employee without paying a Fee ONLY through the Agency Temp-to-Hire Program. The "Program" requires the above named employee to complete 400 work hours as a temporary staff member through Agency prior to commencing employment on Client's own payroll. Upon accrual of 400 hours, all Fees for hiring the above named employee are considered paid in full. 4.) Client understands that Agency is not responsible for Client's equipment failure or damages caused by an Agency employee working under Client's supervision. Further, Agency employees are not authorized to handle cash or operate motor vehicles; any such use of an Agency employee is done at Client's own risk. Client understands that Agency's invoices are due on receipt and that unpaid balances beyond 90 days aged will be assessed a financing penalty equivalent to 15% x the past due balance. Fees and interest continue to accrue until paid in full. My signature below denotes my agreement to the terms as set forth:</p>											
SUPERVISOR'S SIGNATURE	X				DEPT. /CAT.		DATE APPROVED	/ /			
PLEASE FORWARD TO:	Hospitality Staffing Solutions, 2345 East Thomas Road, Suite: 200, Phoenix, AZ 85016 - (or) - FAX TO: 602-955-1888 - (or) - EMAIL TO: Payroll@HospitalityStaffing.com										