



FILL IN DATE →	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	 EMPLOYEE TIME SHEET		
	TIME STARTED									
TIME FINISHED								STREET ADDRESS		
LESS LUNCH								CITY		
HOURS WORKED								STATE	ZIP CODE	
Client signature indicates acceptance of the terms and conditions on the reverse side. Do not sign if hours are not totaled.					TOTAL HOURS FOR THE WEEK HOURS MINUTES		SPECIAL BILLING INSTRUCTIONS			
Client's Signature X							HAS ASSIGNMENT BEEN COMPLETED? I certify that the information given is a true account of the hours worked by me during the week indicated. I will contact the TeamTemps' Office upon completion of my assignment.			
 PERSONNEL STAFFING, INC. P. O. Box 3547 Valdosta, Georgia 31604-3547								Employee Signature X		
								EMPLOYEE NAME (Print)		
								SOCIAL SECURITY NUMBER		

Colson Printing Co. 4970 White - TeamTemps, Canary - TeamTemps, Pink - Employee, Goldenrod - Client

CLIENT AGREEMENT

It is understood that the individual signing this time sheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily.

Client agrees no insurance is afforded by TeamTemps for physical loss or damage to client's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody, or control of TeamTemps, its agents or employees and that TeamTemps shall not be liable for physical loss or damage to said property or loss of said property caused by TeamTemps, its agents or employees. Also, the client accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of a TeamTemps employee driving such vehicles.

Client will not entrust TeamTemps employees with the care, custody or control of cash, negotiables, valuables, or other similar property. It is understood and agreed that claims made under the Conviction-Clause Third Party Fidelity Bond must be reported in writing to TeamTemps within ten (10) days after discovery of the occurrence.

Client agrees that utilization of the employee named on this time sheet on either a temporary or permanent basis within six months from date on time sheet will be through TeamTemps. If the client desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to TeamTemps, and that the person will remain on TeamTemps payroll for a period of thirteen weeks from date of notification.