

Team Staffing Solutions, Inc.

EMPLOYEE TIME SHEET

(Required)

Please check one of the following: Industrial Clerical WEEK ENDING:

CLIENT NAME _____ ADDRESS _____ CITY _____ STATE, ZIP _____	NAME OF EMPLOYEE (print) _____ SOCIAL SECURITY NUMBER _____
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DATE	DAY OF WEEK	MORNING		AFTERNOON		HOURS WORKED	OFFICE USE ONLY	TOTAL HOURS	
		IN	OUT	IN	OUT			REG	OT
	MONDAY						HOURS		
	TUESDAY						Job Code		
	WEDNESDAY						Employee #		
	THURSDAY						Pay rate		
	FRIDAY						Bill Rate		
	SATURDAY						MARK BOX IF ASSIGNMENT COMPLETE		
	SUNDAY								
Client Signature (Required) _____						TOTAL		Employee Signature _____	

Authorization for Payment

Notice to Clients and Employee: Your signature constitutes agreement with all terms expressed on the back of this timesheet.

Client, check box if employee reported a work related injury to you this pay period.

Employee, check box if you sustained a work related injury this pay period.

EMPLOYEE INFORMATION

ABSENCE

Employees are required to be at work on time and work the entire shift assigned. If you will be absent from work for any reason, you must notify Team Staffing Solutions, inc. (Team Staffing) and the workplace you are assigned to. If you are absent, it will be the needs of our Client that determine whether you will be replaced or may return to that assignment.

RECORDING YOUR TIME

Report all time to the nearest 1/4 hour. Do not show odd minutes. Your Team Staffing timesheet is the primary means of receiving payment. An authorized representative of the client's firm must sign your timesheet. It MUST be turned in by noon on Monday to be paid on Friday.

OVERTIME

All authorized overtime will be at time and one half the regular rate. You are permitted to work overtime only if the client requests so and receives our approval prior to the work being done.

FUTURE ASSIGNMENTS

I understand it is my responsibility to notify Team Staffing of my availability within 3 working days after completion of the last assignment or I will be considered a voluntary quit. If I fail to do so, Team Staffing may interpret that I am not available for work and ineligible for unemployment benefits.

EMPLOYMENT STATUS

No guarantee of employment for any specific duration is made through your acceptance of this assignment. It being expressly understood that any employment hereunder is a temporary employee assignable to Clients as a contact temporary employee.

CLIENT INFORMATION TERMS AND CONDITIONS

Client agrees that utilization of an employee referred by Team Staffing will be on a temporary basis, and that Client utilization of any employee referred by Team Staffing within six months of referral will be on Team Staffing's payroll. If the client desires to transfer an employee referred by Team Staffing to the Client's own payroll, it is agreed that notification of this intent will be provided to Team Staffing at least two weeks in advance of the transfer. It is further agreed there will be no additional fee due Team Staffing, provided the employee remains on Team Staffing payroll, assigned to said Client, a minimum of twelve weeks (480 hours). If a payroll transfer takes place prior to either the twelve-week minimum or two-week notification period, a buyout fee will be agreed upon between the Client and Team Staffing. It is agreed that any Team Staffing employee transferred to another employment contractor or temporary employment service will bear a transfer fee of \$2,000.00 per employee transferred.

Our insurance does not cover loss or damage caused by the operation of Client's equipment, vehicles, automobiles or trucks by our employees. Client shall accept full responsibility for injury or damage to persons or property resulting from our employee's operation of the Client's owned or rented equipment or vehicles. Client shall not entrust our employee with unattended premises, cash, negotiables, jewelry or any other valuable items without our prior written consent.

Client shall not advance cash or other valuables to our employee for any reason and Client specifically waives any right to offset the value of such cash or valuables advanced or any other claim for loss of damage against any money owed to us.

Client acknowledges that our invoices are for labor and, therefore, agrees to pay such invoices upon receipt. Invoices paid after such date shall bear interest at 1-1/2% per month until paid (18% Per Annum), but not more than the highest legal rate of interest. If Client's account is placed in the hands of an attorney for collection, the Client shall pay attorney's fees equal to 15% of the unpaid invoice amounts to cover our costs of collection.

REMITTANCES IN PAYMENT OF CLIENT'S ACCOUNT SHOULD BE SENT ONLY TO TEAM STAFFING, P.O. BOX 215, MUSCATINE, IOWA 52761.
PAYMENTS OR REMITTANCES TO ANY OTHER ADDRESS MAY NOT BE CREDITED TO CLIENT'S ACCOUNT.