



IMAGE STAFFING, INC.

TEL (619) 220-0640 FAX (619) 220-0750

EMPLOYEE TIME SHEET

Week Ending Date _____

CLIENT NAME _____ EMPLOYEE Name (print) _____

Supervisor _____ SSN# (Last 4 digits) _____

Telephone Number _____ Employee Job Title _____

Date	DAY OF WEEK	MORNING		AFTERNOON		HOURS WORKED	OFFICE USE ONLY	S.T.		O.T.
		IN	OUT	IN	OUT					
	Monday							EPR		
	Tuesday							CBR		
	Wednesday									
	Thursday							PO#		
	Friday									
	Saturday							COMP CODE		
	Sunday									
CLIENT SIGNATURE _____						TOTAL HOURS _____	EMPLOYEE SIGNATURE _____			

ARE YOU RETURNING TO THIS ASSIGNMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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MINIMUM: 4 HOURS PER EMPLOYEE PER DAY Time slips must be in by 12:00 noon on Monday to be paid Friday.

NOTICE TO CLIENT AND EMPLOYEES: Your signature constitutes agreement with all terms on this time sheet, and certifies that the TOTAL hours listed are correct as stated.

ABSENCE
PLEASE CALL Image and your supervisor when you are late or if you cannot work the prescribed hours. If you won't be able to report for work, in your absence, it will be the needs of our Client that determine whether you will be replaced or may return to the assignment.

RECORDING YOUR TIME
Your Time Sheet is the only means of receiving payment. Your time sheet must be signed by an authorized representative of the Client's firm. It must be turned in by Monday at 12:00 noon, to be paid on Friday.

OVERTIME
You are permitted to work overtime only if the Client requests and approves such work. Approval must be obtained by us or by the Client before overtime can be authorized.

FUTURE ASSIGNMENTS
I understand it is my responsibility to notify Image of my availability upon completion of each assignment. If I fail to do so, Image may interpret that I am not available for work.

CLIENT INFORMATION
Client agrees that utilization of the employee names on this Time Sheet on either a temporary or regular basis within six months from the date on this Time Sheet will be through Image Staffing, Inc. If the client desires to hire this person on a regular basis, it is agreed that notification of this intent will be given to Image Staffing, Inc. , and that the person will remain on payroll for a period of 520 hours from date of notification. In the event the individual is employed by the Client without prior notification and completion of thirteen (13) weeks, Client agrees to pay Image Staffing, Inc. minimum of thirteen (13) week's billing. 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 Employees with unattended premises, cash, negotiables, jewelry, or any other valuable items without our prior written permission. Client shall not advance cash or other valuables to our Employees. Client specifically waives any right to offset the value of such cash or valuables advance 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 within five (5) days of receipt. Invoices paid after such date shall bear interest of 1.5% 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 PAYMENTS OF CLIENTS ACCOUNT SHOULD BE SENT ONLY TO IMAGE STAFFING INC.