



Richmond Fax Number: 804-282-2652
 Norfolk Fax Number: 757-627-7834

IN ORDER TO GET PAID YOU MUST FAX IN YOUR TIMESHEET BY 5:00 P.M. EACH FRIDAY!

Client's Name (Print) _____

Employee's Name (Print) _____

I certify the hours shown on this timesheet are correct and that I fully performed the required services. I have read and understand the policies set forth in the Temporary Guide and agree to adhere to them.

Employee's Signature _____
 (you must sign your time card)

EXAMPLE	DATE	GROSS HOURS WORKED	LESS TIME TAKEN FOR LUNCH	NET HOURS WORKED
MONDAY	1/9/07	8.5	1.0	7.5
	DATE	GROSS HOURS WORKED	LESS TIME TAKEN FOR LUNCH	NET HOURS WORKED
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
PLEASE TOTAL YOUR HOURS				

FOR THE WEEK BEGINNING _____

AND ENDING _____

CLIENT APPROVAL:

We certify that the temporary employee assigned by this agreement has worked under our direct supervision and that the hours indicated are correct and the work performed was satisfactory.

Overtime Policy: Overtime shall be invoiced according to applicable State and Federal Law.

Invoices are due upon receipt. On balances over 30 days a finance charge of 1 ½% per month will be assessed on monthly basis. In the event a collection procedure is initiated, client shall be additionally liable for all costs of collection and attorney fees.

We have read the Temporary Services Agreement's terms and conditions and agree to adhere to them.

CLIENT'S SIGNATURE _____

DATE _____