

PRESS HARD FOR CLEAR COPIES-USE BALL POINT PEN

ASSIGNMENT INFORMATION

Company Name _____ **EOE**

Address _____

Report To _____ Time _____

TERMS AND CONDITIONS

Client, as evidenced by the signature of its authorized representative on the reverse side, in consideration for the furnishing of services by Contractor named on the reverse side (hereinafter "Contractor", which references shall include subsidiaries, affiliates, agents, assignees, and employer of record) agrees to adhere to and be legally bound by the following Terms and Conditions. Contractor, or its designated agent, is the employer of all supplemental staff assigned to Client ("hereinafter Employee(s)") by Contractor. The Client certifies that the hours worked and the information listed on the reverse side is correct and the services of the Employee identified on the reverse side were satisfactory. Contractor will bill and Client agrees to pay for all hours worked, including overtime premiums incurred, as required by applicable Federal and or State law.

The Client recognizes that Contractor has an Employer/Employee relationship with temporary personnel assigned to the Client and agrees to discuss all matters concerning employment and job assignments with Contractor directly.


Client warrants that it complies with all occupational safety and 5 health laws and regulations and agrees to provide all work site notifications, orientation and training required by law.

Client shall pay invoices Upon receipt and shall pay all reasonable attorney's fees and other costs and expenses of collection incurred by Contractor in enforcing this Agreement. Client acknowledges and agrees that Contractor incurs substantial advertisings recruiting, screening, testing and training expenses in connection with the Employee. Because of such expense, and in consideration for the services rendered by Contractor, the parties agree that Client shall pay Contractor the sum of 1% per \$1,000.00 (not exceeding 30%) of the employees annual compensation, if the Client hires the employee either directly or indirectly within one year after the Employee's last day of service to Client through Contractor. Employee agrees to obtain written consent from Contractor prior to accepting employment directly or indirectly with client before the expiration of the conversion period.

Client shall not allow Contractor's Employees to handle cash, negotiables, or other valuables or to be entrusted with otherwise unattended premises or authorize such Employees to operate machinery or motor vehicles without prior written permission from Client in each instance. Client acknowledges that Contractor will not cover loss or damage resulting therefrom and will indemnify and hold Contractor harmless from any such claims, including the defense thereof, arising out of the breach of the foregoing.

Contractor does not warrant or guarantee Employee's technical expertise or ability to obtain any specific results. While on assignment, Employee's work is performed solely under Clients' direction, supervision and control. Client agrees to indemnify, hold harmless and defend Contractor against any and all claims, damages, lawsuits, expenses (including attorney's fees) and other liabilities which result in any way from the services provided by Contractor or its Employees to client or the results obtained therefrom, or any liability arising from any change in Employee's job responsibilities without prior approval of Contractor, any violation by Client of OSHA or similar state communication and safety regulations, or from any injuries resulting from product liability or design defects of products on Clients premises or any labor violations committed by Client. Contractor is not responsible for liability or bond insurance claims unless such claims are reported to Contractor in writing by Client within(10) days after occurrence.

Rev. 3/95

		FAX NUMBERS: NY: 646-349-1244 LA: 646-219-5551 SF: 415-358-8690 OC: 714-276-0612				
		COMPANY NAME	WEEK ENDING SUNDAY			
ADDRESS		CITY				
JOB TITLE		JOB NUMBER				
HOLD MY CHECK <input type="checkbox"/> MAIL MY CHECK <input type="checkbox"/>		SOCIAL SECURITY NUMBER				
AVAILABLE FOR WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		EMPLOYEE NAME				
WHEN AVAILABLE		EMPLOYEE SIGNATURE				
I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the Client.		X				
DAY	DATE	HOURS TO NEAREST 1/4 HOUR				
		START	FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS
MON.						
TUES.						
WED.		DRAW LINE THROUGH DAYS NOT WORKED				
THUR.						
FRI.						
SAT.						
SUN.						
		REG. HOURS		OVERTIME		
		HRS	MIN	HRS	MIN	
CLIENT PLEASE NOTE: WRITE TOTAL DAYS WORKED (IN WORDS) HERE		TOTAL HRS. TO NEAREST QUARTER				
CLIENT: YOUR SIGNATURE CERTIFIES THAT: DAYS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY, AND YOU AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THE CLIENT COPY.						
CLIENT				DEPT.		
AUTHORIZED SIGNATURE				TITLE		
X						
IS THE EMPLOYEE CONTINUING THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>						

MAIL OR DROP OFF TOP THREE COPIES TO LOCAL OFFICE HEADQUARTERS COPY

