

Atlantic Workforce

Office 1-800-610-2024 Fax 1-877-849-9871

Time Sheet Terms

1. Atlantic Workforce's responsibilities are to assign its qualified employees (Assigned Employees) to work under CLIENT's supervision; to pay their wages and provide the benefits that Atlantic Workforce offers to them (including unemployment insurance and workers' compensation); to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and other legislatively mandated charges related to them. CLIENT's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of the business; to provide safe working conditions; and to exclude Assigned Employees from its benefit plans, policies, and practices.
2. CLIENT's signature on this time sheet certifies that the reported hours are correct. CLIENT will pay Atlantic Workforce for the hours at the documented rates upon receipt of Atlantic Workforce's invoice. If an Assigned Employee works time defined by law as overtime or premium time, CLIENT will pay the same multiple of the regular bill rate as Atlantic Workforce is required to apply to the pay rate for such time.
3. CLIENT will not ask or permit Assigned Employees to use any vehicle or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the prior written permission of Atlantic Workforce.
4. CLIENT covenants and agrees that it will not hire or attempt to hire Atlantic Workforce's employees prior to written consent. If Atlantic Workforce agrees to allow CLIENT to hire its employee before the expiration of (25) weeks, CLIENT agrees to pay Atlantic Workforce a placement fee based on the remaining weeks. The placement fee is \$7900.00 or 20% of their yearly salary.
5. Neither CLIENT nor Atlantic Workforce will be liable to pay or indemnify the other for any incidental, consequential, exemplary, special, punitive, or lost profit damages or expenses arising from their staffing relationship.

NOTE: 4 HOUR DAILY MINIMUM ON ALL ASSIGNMENTS. Signature below constitutes full acceptance of all information on form.
CLIENT - Authorized Signature of Company Representative

Sign here: _____ Firm: _____

CLIENT - Please write total hours in words: _____

Is this employee's assignment completed in full? Yes No

Employee had no injuries during this time period? Yes No

Comments

WEEK ENDING DATE (SUN)					EMPLOYEE NAME (PRINT)		
CLIENT					SOCIAL SECURITY NUMBER		
REPORT TO							
	TIME IN	TIME OUT	LESS LUNCH PERIOD	TOTAL HOURS			
MON.							
TUE.			DRAW LINE				
WED.							
THU.			THROUGH DAYS				
FRI.							
SAT.			NOT WORKED				
SUN.							
<small>Show hours to nearest 1/4 hour (25)</small>					TOTAL HOURS FOR WEEK		

EMPLOYEE MUST SIGN THIS FORM
 I certify that the hours were worked by me during the week ending shown above and were properly verified by an authorized representative of the contractor. I also agree that I have not been signed on the job during the week ending shown above.
 Employees sign here: _____

WHITE/Customer Copy - CANARY/Atlantic Workforces Group

TO RECEIVE YOUR PAYCHECK, THIS CARD MUST BE RECEIVED BY ATLANTIC WORKFORCE NO LATER THAN MONDAY AT NOON