

Foremost Staffing, Inc.

4100 International Plaza, Ste. 620
 Fort Worth, TX 76109
 817-346-4738 Fax 817-346-7040

TIME SHEET

Wk. Ending ____/____/____

Assignment Continuing? Y or N

Evaluation (1 poor, 2 average, 3 excellent)

| | |
|---|-----------------------------|
| Employee Name: | Client Company Name: |
| Employee Number: | Supervisor: |
| Employee Instructions: Timesheet must be signed by your supervisor. Fill out this timesheet completely, with your name, company name and dates worked. Round hours to nearest 15 minutes, i.e. 8:10 rounds to 8:15, 5:05 rounds to 5:00. Turn in the timesheet to our office <u>no later than noon on Monday.</u> | Department: |
| | Phone Number: |

| Date | Day | Time In | Time Out | Less Lunch | Regular Hrs. | OT Hrs. (Over 40 Wkly) | Total Hrs. |
|--|-----------|---------|----------|-----------------------|--------------|------------------------|------------|
| | Monday | | | | | | |
| | Tuesday | | | | | | |
| | Wednesday | | | | | | |
| | Thursday | | | | | | |
| | Friday | | | | | | |
| | Saturday | | | | | | |
| | Sunday | | | | | | |
| Fax Timesheets to (817) 346-7040 or Email timesheets to payroll@foremoststaffing.com | | | | WEEKLY TOTALS: | | | |

By executing this form, employee certifies that this form is true and accurate, and that no injuries were suffered. If any re-issue of checks result in me getting double payment for work, I authorize Foremost to deduct that overpayment from my next Foremost Staffing paycheck.

Employee Signature: _____ Date: _____

- CLIENT representative signing this time card represents and warrants that representative has authority to sign this time card.
- CLIENT's signature on this time sheet certifies that the reported hours are correct. CLIENT will pay FOREMOST STAFFING for the hours at the documented rates upon receipt of FOREMOST STAFFING's invoices. If an Assigned Employee works time defined by law as overtime or premium time, CLIENT will pay the agreed upon rate for those hours as FOREMOST STAFFING is required to apply to the pay rate for such time. The CLIENT further agrees that in the event it is necessary to retain an attorney for collection purposes, it will pay all reasonable attorney fees.
- CLIENT shall not modify the duties of Assigned Employee from those that were originally provided to FOREMOST STAFFING without FOREMOST STAFFING's express written authorization. CLIENT will not ask or permit Assigned Employee 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 FOREMOST STAFFING. CLIENT agrees to exercise reasonable supervision of the workplace to minimize the opportunity for any occurrence of theft, damage, injury, discrimination or harassment in the workplace.
- Neither CLIENT nor STAFFING FIRM 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.

We certify that the above hours are correct. Our signature includes acceptance of the terms and conditions above.

Client Signature: _____ Date: _____