



**IMPORTANT:** ALL information must be complete and legible to avoid incorrect processing of your paycheck. Time sheets are subject to verification. Your time sheet must be received in our office by 12:00 P.M. Monday in order to process payroll by 5:00 P.M. Thursday. You cannot be paid without your signature and the Client's signature. Once the time sheet is completed, email to [admins@quick-staffing.com](mailto:admins@quick-staffing.com) or fax to our Corporate Office at 214-638-7006. Because we cannot always reach employees by phone or other means while they are on assignment, it is necessary to let your *Quick Staffing* Representative know of your availability to work, It is your responsibility to let your *Quick Staffing* Representative before the end of your assignment or within one (1) business day after the end of an assignment so that we can arrange another assignment for you. Failure to make yourself available by calling your *Quick Staffing* Representative may affect unemployment benefits. This form is your responsibility.

**"It's what *Every* Employer Needs"**

www.quick-staffing.com

# WEEKLY TIME SHEET

EMPLOYEE NAME _____	FOR WEEK _____
SOCIAL SECURITY # <u>  </u> XXX-XX- <u>  </u>	ENDING <u>  </u> / <u>  </u> / <u>  </u>
COMPANY _____	CO PHONE _____
ADDRESS _____	
CITY/STATE/ZIP _____	
DEPARTMENT _____	EMPLOYEE # _____

DAY OF WEEK	DATE	MORNING		AFTERNOON		OVERTIME		FOR OFFICE USE ONLY					
		IN	OUT	IN	OUT	IN	OUT	REGULAR HOURS		OVERTIME HOURS			
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													
TOTALS													

**This time sheet must be personally filled out and signed by employee.**

\_\_\_\_\_  
**Authorization of Overtime**  
**SPECIAL AUTHORIZATION REQUIRED FOR ALL OVERTIME**

I HEREBY CERTIFY THE HOURS SHOWN WERE WORKED BY ME DURING THE WEEK INDICATED AND I UNDERSTAND THAT I AM TO CONTACT MY SUPERVISOR UPON COMPLETION OF MY ASSIGNMENT AS THIS MAY AFFECT MY UNEMPLOYMENT BENEFITS.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

It is understood that the individual signing the time sheet is an authorized representative of the client and hereby certifies the hours listed are correct and that the work was performed in a satisfactory manner. Our minimum charge for any temporary assignment is four (4) hours per day and Client agrees to pay for such. Client shall not advance cash or other valuables to *Quick Staffing* employees for any reason. Client will not entrust *Quick Staffing* employees with the care, custody or control of cash, negotiables, valuables or other similar property without first obtaining written permission from *Quick Staffing LLC* and then only when an employee's specific duties necessitate such activity unless assigned specially for the aforementioned purpose by *Quick Staffing*. It is understood and agreed that should a claim be made under *Quick Staffing* fidelity bond, the claim must be reported in writing to *Quick Staffing* within ten (10) days after the discovery of the occurrence and be prepared to file criminal charges for the alleged offense against the employee. Unless assigned specifically for the purpose, the Client shall not authorize or cause *Quick Staffing* employees to operate machinery, automobiles, trucks, or other automotive equipment without first obtaining written consent from *Quick Staffing*. It is acknowledged, understood and agreed that the Client shall accept full responsibility for bodily injury, property damage, fire, theft, collusion or public liability damage incurred as a result of a *Quick Staffing* employee operating such vehicles or machinery. Client or its subsidiaries or affiliates agree that utilization of the employee, named on this time sheet, on either a temporary or a full-time basis within one (1) year from date on time sheet will be through *Quick Staffing*. If the Client or its subsidiaries or affiliates desire to hire this person, it is agreed that written notification of this intent will be given to *Quick Staffing*, and the Client and its subsidiaries or affiliates will pay liquidated damages in the amount of the normal direct placement fee charged by *Quick Staffing* at the time of hire, less any credit earned. Client shall indemnify and hold *Quick Staffing* harmless from claims and demands arising out of the Occupational Safety and Health Act and the Americans with Disabilities Act as it relates to premises owned or controlled by the Client, and to which *Quick Staffing LLC* employees are assigned.

CLIENT APPROVAL  
 CLIENT APPROVAL INCLUDES CERTIFICATION THAT THE HOURS WORKED ARE CORRECT AND ACCEPTANCE OF THE TERMS AND CONDITIONS LISTED ABOVE

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_