

worked by the employee, that I am an authorized agent of the

company and agree to the terms and condition of the terms on back

of timecard.

Waco (254) 751-7313 Fax: (254) 751-7344

- - PLEASE PRINT - -



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Last 4 digits of SS#		Week Ending Date			Last 4 digi	ts of SS#		Week Ending Date		Last 4 digi	Last 4 digits of SS#			Week Ending Date				
Employee Name – Printed					Employee Name – Printed						Employee Name – Printed							
Company Name – Printed			Location/Dept/Job#			Company Name – Printed			Location/Dept/Job#			Company Name – Printed			Location/Dept/Job#			
Complete the entire card. Zero-out days not worked. Return White & Yellow Copies to Total Placement. If Faxing timecard – fax WHITE COPY, PLEASE						Complete the entire card. Zero-out days not worked. Return White & Yellow Copies to Total Placement. If Faxing timecard – fax WHITE COPY, PLEASE						Complete the entire card. Zero-out days not worked. Return White & Yellow Copies to Total Placement. If Faxing timecard – fax WHITE COPY, PLEASE						
Day	In for	Out for	In for	Out for	Total	Day	In for	Out for	In for Lunch	Out for	Total	Day	In for	Out for	In for Lunch	Out for	Total	
Mon	Day	Lunch	Lunch	Day	Hours	Mon	Day	Lunch	LUIICII	Day	Hours	Mon	Day	Lunch	LUIICII	Day	Hours	
Tues						Tues						Tues						
Wed						Wed						Wed						
Thurs						Thurs						Thurs						
Fri						Fri						Fri						
Sat						Sat						Sat						
Sun						Sun						Sun						
Straight Time Overtime					Straight Ti	Straight TimeOver				Overtime			Straight Time			Overtime		
I certify to occurred the Total Assignment	during these Placement's nt form, up	RE correct, hours hours. If ass office within date contact is to voluntarily	ignment is 24 hours to information	over, I agree sign a Requ , and failure	to stop by est for New to do so, is	I certify to occurred o the Total I Assignmen	luring these Placement's nt form, upo	RE correct, hours hours. If ass. office within date contact i to voluntarily	ignment is o 24 hours to information,	over, I agree sign a Reque and failure	to stop by est for New to do so, is	I certify to occurred the Total Assignmen	during these Placement's nt form, upo	RE correct, hour hours. If ass office within date contact to voluntarily	signment is a 24 hours to information	over, I agree sign a Reque , and failure	to stop by est for New to do so, is	
	SIGNATURE	have been	verified an	d indicate o		CLIENT'S SIGNATURE I certify these hours have been verified and indicate actual time						CLIENT'S SIGNATURE I certify these hours have been verified and indicate actual time						

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If time is being faxed or emailed:

Accounting Department

Fax #: (254) 751-7344

Email: accting@totalplacement.com

TERMS AND CONDITIONS

The following Terms and conditions form the basis for Total Placement supplying contract temporary help to Client Companies. The signature of the Client or his agent on the face of this timecard constitutes full acceptance of the following:

- 1. By working this employee, Client Company agrees to accept sole liability for drivers operating Client's motor vehicles and agrees to accept full liability for physical loss, damages and/or bodily injury including holding harmless and defending Total Placement, its employees and officers in such an event.
- 2. It is agreed that the client shall accept full responsibility for bodily injury, property damage, fire, theft, collision, or public liability claims arising out of the operation of the Client's motor vehicle, whether owned or rented, by a Total Placement Employee.
- 3. It is agreed that the Client will not entrust a Total Placement Employee with unattended premises or any part thereof, or with care, custody, or control of cash, negotiable or other valuables without prior permission of Total Placement and then, only when the Employee's specific duties necessitate such activities.
- 4. It is agreed that any claims made under Total Placement's Fidelity bond must be made in writing by the Client within ten days of the occurrence.
- 5. It is agreed that the Client will furnish a suitable place for Total Placement Employees to work which shall comply with all laws and ordinances related to occupational health and safety.
- 6. It is agreed that the Client shall notify Total Placement of any changes in the duties of a Total Placement Employee from those originally described to Total Placement.
- 7. It is agreed that the utilization of the employee named on the reverse side of this timesheet on either a temporary or permanent basis within one (1) year from the date on timesheet will be through Total Placement. If the Client desires to hire this person on a permanent basis, it is agreed that notification of this intent will be given to Total Placement, and that the person will remain on Total Placement's payroll for a period of thirteen weeks from date notification
- 8. It is agreed the charges for temporary help are due upon receipt of invoice and the Client agrees to pay charges evidenced by this timecard promptly.
- 9. It is agreed that Total Placement is entitled to reasonable attorney fees together with all expenses of collections if it becomes necessary to engage an attorney to enforce payment of these charges or of the charges and conditions incurred pursuant of paragraphs no.7& 8 above.