

PRESS HARD

MJF BUSINESS FORMS (212) 972-5160

USE BALLPOINT PEN ONLY



30 Main Street
Danbury, CT 06810
(203) 743-7172

TERMS AND CONDITIONS

CLIENT: The Signature on this timesheet is an acknowledgement that SEGUE STAFFING has incurred substantial recruitment, screening, administrative and marketing expenses in providing the services of the temporary employee identified on the reverse side. We agree not to hire, directly or indirectly, or to use the services of the temporary employee named on the reverse side through any other person or firm as an independent contractor within one hundred eighty (180) days after the last date of the assignment of the employee to us. If, either directly or indirectly, we hire or otherwise use the services of the employee, then we will notify SEGUE STAFFING and either: (a) continue the temporary assignment of such employee for an additional twenty (20) week period and pay for his or her services to us under the same terms and conditions as now provided; or (b) pay SEGUE STAFFING liquidated damages in an amount equal to the employee's projected annual compensation multiplied by eighteen percent (18%).

The person signing on the reverse side hereof certifies on behalf of himself/herself and the Client that: (1) he/she is authorized to sign on behalf of the Client; (2) the hours worked and the information listed on the reverse side is correct; (3) the services of the employee identified on the reverse side were satisfactory; (4) the Client authorizes SEGUE STAFFING to pay the employee and to bill the Client for the hours listed on the reverse side; (5) the Client has not and will not entrust SEGUE STAFFING employees with unattended premises, cash, negotiable securities or instruments, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from SEGUE STAFFING in each instance, and that it acknowledges that SEGUE STAFFING has no insurance coverage for any loss or damage resulting therefrom and will therefore indemnify and hold SEGUE STAFFING harmless from such claim arising out of a breach of the foregoing, inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other liability damage; (6) SEGUE STAFFING is not responsible to the Client or others for claims made under its fidelity bond, unless such claims are reported to SEGUE STAFFING in writing by the Client within thirty (30) days after occurrence; and (7) the Client will indemnify SEGUE STAFFING from claims or liabilities pursuant to the Occupational Safety and Health Act governing the premises owned or controlled by the Client and to which SEGUE STAFFING employees are assigned to perform services in or are present in.

The Client recognizes that SEGUE STAFFING has an employer/employee relationship with temporary personnel assigned to the Client and agrees to discuss all matters concerning their employment, job assignments, pay procedures, etc., with SEGUE STAFFING. The Client agrees to pay interest at the rate of one and one-half percent (1-1/2%) per month, eighteen percent (18%) per annum on charges remaining unpaid thirty (30) days after the invoice date and reasonable attorney's fees and expenses of collection, if SEGUE STAFFING engages an attorney to enforce payment of any charges incurred.

EMPLOYEE: In consideration of my hiring and employment by SEGUE STAFFING, I agree not to accept employment, directly or indirectly, whether full-time or part-time with any client of SEGUE STAFFING to whom I am assigned and for a period of one hundred-eighty (180) days following completion of any assignment with the client. I further agree not to accept assignment to work for such client either on its premises or as the employee of a third-party except with the prior written consent of SEGUE STAFFING in each instance.

Company Name		Dept.					
Week Ending Sunday		Employee Name (Please Print)					
Soc. Sec. No.							
SHIFT 1 (DAY) Mon. - Fri.	DATE	IN	OUT	Less Lunch	Total Hours		
	MON.						
	TUES.						
	WED.						
	THUR.						
	FRI.						
Job Order Number		SHIFT 1 TOTAL HOURS					
SHIFT 2 (EVE) Mon. - Fri.	DATE	IN	OUT	Less Lunch	Total Hours		
	MON.						
	TUES.						
	WED.						
	THUR.						
	FRI.						
Job Order Number		SHIFT 2 TOTAL HOURS					
SHIFT 3 (NIGHT) Mon. - Fri. & SAT. - SUN. (HOLIDAY)	DATE	IN	OUT	Less Lunch	Total Hours		
	MON.						
	TUES.						
	WED.						
	THUR.						
	FRI.						
	SAT.						
	SUN.						
Job Order Number		SHIFT 3 TOTAL HOURS					
CLIENT NAME (PLEASE PRINT)				TOTAL HOURS SIGNED FOR			
AUTHORIZED SIGNATURE							
EMPLOYEE SIGNATURE							
X							
IMPORTANT FOR EMPLOYEE		MAIL MY CHECK <input type="checkbox"/>		ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. USE A SEPARATE TIME SHEET FOR EACH WEEK.		HOLD MY CHECK <input type="checkbox"/>		COMPLETED			
2. TO BE PAID FOR THE PREVIOUS WEEK TIME SHEET MUST BE IN OUR OFFICE NO LATER THAN MONDAY.							
3. SEE REVERSE SIDE OF EMPLOYEE COPY FOR PROCEDURE FOR PAYMENT.							
ALL ABOVE SIGNATURES CONSTITUTE ACCEPTANCE IN FULL OF TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM.							