



64 Dilla Street, Suite 2
 Milford, MA 01757
 Tel: 508-381-6261
 www.staffusmart.com

WEEKLY TIMECARD
 Fax to: 508-381-6260

Timecards must be received
 by 12:00 NOON
 on Mondays

EMPLOYEE NAME (Please print):											
SOCIAL SECURITY NUMBER:				-				-			
COMPANY ASSIGNED TO:	WEEK ENDING (Saturday):										

DAY	START	FINISH	LUNCH	DAILY HOURS
SUN				
MON				
TUES				
WED				
THURS				
FRI				
SAT				
TOTAL HOURS FOR WEEK:	REGULAR HOURS	OT HOURS	TOTAL HOURS	

FOUR (4) HOUR MINIMUM PER DAY

I hereby certify that the hours shown above were worked by me and have been approved by an authorized representative of the above named client.

EMPLOYEE SIGNATURE:	
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Altered and/or unsigned time cards will be returned without a paycheck. Please notify Staff U Smart when your assignment is completed. Failure to do so will result in our assumption of your voluntary termination from Staff U Smart and may impact your eligibility for unemployment benefits.

THIS SECTION TO BE COMPLETED BY EMPLOYER

I hereby certify that I am familiar with the work performed by the above named employee, that he or she has worked the above listed hours, that all work performed was to the satisfaction of the company, and that the company will pay Staff U Smart the full amount due without deduction. The company agrees that all invoices are payable on receipt and that the company will be obligated to pay interest at the rate of 1-1/2% per month for all balances not paid within 30 days. In the event that it is necessary for Staff U Smart to retain an attorney for collection purposes, including collection of a placement fee, the company agrees that it will pay all reasonable attorney's fees. The company acknowledges that Staff U Smart has incurred expenses in acquiring, training, and screening its personnel, and that in the event the company hires the above-named employee for any position at any time there will be a placement fee charged. It is the responsibility of the company to contact Staff U Smart before hiring an employee for a position. I agree that Staff U Smart personnel shall only be directed to perform the assignment in accordance with the job description on which the original bill rate is set, unless such assignment and bill rate is modified with the consent of the company and Staff U Smart. I agree to notify Staff U Smart should the employee be directed to perform duties which vary from the original job description. In addition, unless specifically authorized in writing by Staff U Smart at the time of the initial assignment, the company shall not authorize or cause any Staff U Smart personnel to operate machinery, automobiles, trucks, or other automotive equipment. It is acknowledged, understood, and agreed that insurance furnished by Staff U Smart does not cover physical loss or damage caused by the operation of the company's equipment, machinery, or vehicles by Staff U Smart personnel. It is agreed that the company accepts full responsibility for, and shall indemnify, and hold Staff U Smart harmless from bodily injury, property damage, fire, theft, collisions, or public liability arising from an original job description or from a Staff U Smart employee being directed to perform duties outside the scope of the equipment, machinery, or vehicles, whether rented or owned. I further certify that I am authorized on behalf of the company to execute this document and acknowledge that Staff U Smart is relying on the information contained herein, and in the execution hereof, in paying the employee.

AUTHORIZED SIGNATURE:	
TITLE:	
COMPANY NAME:	DATE:

QUESTIONS? Call 508-381-6261

Equal Opportunity Employer - M/F/D/V

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