



ORDER #		CO # / OF #				LAST NAME		FIRST		MIDDLE	
	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED	EMPLOYEE ADDRESS (STREET OR P.O.)					
MON						CITY			STATE	ZIP CODE	
TUE						OFFICE USE ONLY				ADDRESS CHNG	NEW EMPLOYEE
WED						CLIENT AGREEMENT					
THU						<p>It is understood that the individual signing this timesheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily.</p> <p>Client agrees that no insurance is afforded by Staffing Options for physical loss or damage to the client's machinery, equipment, material, or any motorized vehicle (whether licensed for road use or not) in the care, custody, or control of Staffing Options, its agents or employees and that Staffing Options shall not be liable for physical loss or damage to said property, or loss of said property caused by Staffing Options, its agents, or employees. Also, the client accepts full responsibility for claims involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damage incurred as a result of a Staffing Options employees driving such vehicle.</p> <p>Client will not entrust Staffing Options employees with the care, custody, or control of cash, negotiables, valuables, or other similar property. It is understood and agreed that claims made under the Commercial Blanket Bond must be reported in writing to Staffing Options within ten (10) days after the occurrence.</p> <p>Client agrees that utilization of the employee named on the time sheet on either a temporary or permanent basis within six months from the date on this time sheet will be through Staffing Options. If the client desires to hire this person on a permanent basis, then it is agreed that notification of this intent will be given to Staffing Options, and that the person will remain on Staffing Options payroll for a period of 520 hours (approximately 13 weeks) from the date of notification.</p>					
FRI											
SAT											
SUN											
TOTAL HOURS PER WEEK TO THE NEAREST QUARTER HOUR PER DAY											
<p>The hours indicated above have been worked and approved by my Supervisor at the Client company. If I voluntarily or involuntarily leave any assignment, it is my responsibility to call SOI on a weekly basis to inform them of my availability. If I fail to do so, I understand unemployment may be denied.</p> <p>Employee Approval:</p> <p>Time and one-half is paid and billed for all hours worked over 40 per week. Any overtime MUST be approved by your Supervisor.</p>						APPROVAL					
						TITLE					
						CLIENT NAME					
						BILLING ATTN. TO:					
BILLING ADDR.											
CITY / STATE								ZIP CODE			
						REG PAY HRS	PAY RATE	OT HRS	OT RATE		
Assignment Continuing						REG BILL HRS	BILL RATE	OT HRS	OT RATE		
						BONUS PAY	VAC PAY	ADVANCE	BILL CODE		
HOLD CHECK						CUST #	ADD/CHANGE	MISC PAY	MISC BILL		
MAIL CHECK											
Staffing Options, Inc. P.O. Box 3310 Duluth, GA 30096 Fax: (770) 998-9138											