|  |  |
| --- | --- |
| **Employee Name** | **Week Ending (Saturday)****Client Agreement**The individual signing this agreement is an authorized representative of the client company and hereby certifies that the hours worked as indicated on this timesheet are true and correct and that the work was performed in a satisfactory manner. The client recognizes 24/7 A.S.A.P., Inc.’s employer-employee relationship with its personnel and accepts the obligation assignments, pay procedures, etc. with 24/7 A.S.A.P.The client acknowledges that 24/7 A.S.A.P. incurs considerable expense in obtaining, screening, and testing, its employee; therefore, in consideration of this service, the client, its associates, or any party you may share office space with, agrees not to hire this employee or utilize this employee’s services as an independent contractor within 180 days from the last day employee worked for the client. If employee is hired prior to that time, a settlement fee will be due to 24/7 A.S.A.P. in the sum of 30% of the annual salary.The Client agrees not to entrust 24/7 A.S.A.P. employee with unattended premises, cash, negotiable or other valuables, nor to require such employees to operate machinery or motor vehicles unless it is an express part of the job order. The client s hall defend, indemnify and save 24/7 A.S.A.P. harmless from any and all fines, penalties, and assessments including attorney’s fees incurred by 24/7 A.S.A.P. as a result of any alleged violations of any Federal, State or local law, regulation or ordinance relating to health and safety with respect to premises owned or controlled by the client and to which 24/7 A.S.A.P. are assigned.The 24/7 A.S.A.P. employee is compensated on a weekly basis; therefore, the client will be billed weekly. Payment will be due upon receipt of the invoice. The client agrees to pay all collection and/or litigation costs plus reasonable attorney fees required to collect unpaid charges.**Unless otherwise approved by 24/7 A.S.A.P. representative, Client agrees to the following:** **All** hours worked over 40 per week will be deemed overtime and billed at 1 ½ times the agreed rate. **Minimum** assigned length is 4 hours. **Client** Company will be billed for the hours listed on the timesheet. **Make** no direct payment to 24/7 A.S.A.P. employee. **24/7 A.S.A.P.** employee cannot be recalled for temporary and or permanent employment without prior approval from a 24/7 A.S.A.P. representative. |
| Are you returning to Client Company? Yes ( ) No ( ) |
| PLEASE PUT A LINE THOUGH DAYS NOT WORKED |
| **Day** | **Date** | **Start Time** | **Finish Time** | **Less Lunch** | **Total** **Hours** |
| Sunday |  |  |  |  |  |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday |  |  |  |  |  |
| Total hours to nearest ¼ hour …………………………………………………… |  |
| I certify that the hours were worked by me and verified by an authorized representative of the Client Company. |
| Employee’s Signature:  | Date:  |
| Do you want your paycheck to be sent by U.S. Mail? Yes ( ) No ( ) |
| Client Company Name/Department |
| **TO BE COMPLETED BY CLIENT** |
| Authorized by (please print) | Telephone Number: |
| Authorized by (signature) |
| I certify that 24/7 A.S.A.P. ‘s employee named above has worked the hours stated on the time sheet and I authorize A.S.A.P. to invoice my Company at the agreed hourly rate and agree to the terms stated on the timesheet.  |
| ***Thank you for choosing 24/7 A.S.A.P. Staffing, Inc***. |

Client please retain a copy for your record.

Employee Reminders:

 Call 24/7 A.S.A.P. if you are unable to report to your work assignment and we will contact the Client. Call 24/7 A.S.A.P. if you are going to be late. Call 24/7 A.S.A.P. for future assignments. No contact allows us to assume you are not available to work.