

PRIME STAFFING, INC.
P.O. Box 381
McLean, VA 22101

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(703) 448-0070 (703) 847-0110 fax

ALL PAY CHECKS WILL BE MAILED OUT NO OFFICE PICK-UP

COMPANY NAME (PLEASE PRINT)					
ADDRESS				CITY	
REPORT TO	DEPARTMENT		JOB TITLE		WEEK ENDING
DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL DAILY HOURS
MON.					
TUES.					
WED.					
THURS.					
FRI.					
SAT.					
SUN.					
TOTAL HOURS (IN WORDS)			HOURS TO NEAREST 1/4 HOUR	TOTAL HOURS	
<i>I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named above. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.</i>					
EMPLOYEE NAME (PRINT)			EMPLOYEE SIGNATURE		
			X		
SOCIAL SECURITY NUMBER		ARE YOU RETURNING TO THIS ASSIGNMENT		YES <input type="checkbox"/>	I WILL BE AVAILABLE FOR A NEW ASSIGNMENT ON DATE
				NO <input type="checkbox"/>	
MINIMUM: 4 HOURS PER EMPLOYEE PER DAY IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a certification that the TOTAL hours listed are correct as stated, that the work performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the bottom of this form. PLEASE DO NOT ADVANCE MONIES TO THE EMPLOYEES.					
CLIENT NAME (PRINT)			CLIENT SIGNATURE OF ACCEPTANCE		
UMANZOR			X		
DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)					
CLIENT BILL RATE	EMPLOYEE PAY RATE		ADVANCE		
JOB CAT.	PAID EMPLOYEE		INVOICE SENT OUT		
Employee shall not accept employment from client without written permission from Prime Temps Staffing, Inc. <i>Any alterations will void this time slip. Make out a new time slip if you make an error.</i>					

CLIENT INFORMATION - TERMS AND CONDITIONS

Client shall not employ our Employee without our written approval. If client employs such person within twelve (12) months of the last day such person worked for client, then client shall pay liquidated damages at the rate of 1% of the total annual salary of said employee, multiplied by each unit of \$1,000.00 in said annual salary, i.e., \$10,000.00 annual salary = liquidated damages of \$1,000.00; \$11,000.00 annual salary = liquidated damages of \$1,210.00 etc.

Our insurance does not cover loss or damage caused by the operation of Clients' equipment, vehicles, automobiles or trucks by our Employees. Client shall accept full responsibility for injury or damage to persons or property resulting from our Employee's operation of the Clients owned or rented equipment or vehicles. Client shall not entrust our Employees with unattended premises, cash, negotiable, jewelry or any other valuable items, without our prior written permission. Under no circumstances will we be responsible for claims made under our fidelity bond unless such claims are reported in writing to us by Client within thirty (30) days after the occurrence.

Client shall not advance cash or other valuables to our Employees for any reason and Client specifically waives any right to offset the value of such cash or valuables advanced or any other claim for loss or damage against any money owed to us.

Client acknowledges that our invoices are for labor and therefore agrees to pay such invoices within five (5) days of receipt. Invoices paid after such date shall bear interest at 1 1/2% per month until paid (18% Per Annum), but not more than the highest legal rate of interest. If Client's account is placed in the hands of an attorney for collection, the Client shall pay attorney's fees equal to 15% of the unpaid invoice amounts to cover our costs of collection.