ADMINISTRATIVE GROUP TIMECARD

STAFFING PARTNERS

TIMECARD CHECK LIST:

- ☐ Faxed to Staffing Partners – **Fax# (952) 926-2919**
  Date and Time: _____
- ☐ Copy to Client
- ☐ Copy to Employee

Staffing Partners
Administrative Group

Baker Technology Plaza
5909 Baker Road, Suite 570
Minnetonka, MN 55345
(952) 926-4200 • Fax (952) 926-2919

EMPLOYEE MUST COMPLETE IN FULL

EMPLOYEE FULL NAME (LAST, FIRST, MIDDLE)

DAY	DATE	TIME STARTED WORK	TIME FINISHED WORK	LESS LUNCH	NO. OF HOURS WORKED
MON.					
TUE.					
WED.					
THUR.					
FRI.					
SAT.					
SUN.					

Total hours (to nearest ¼ hour) worked.
I certify that I have worked the hours listed. They have been verified by an authorized representative of the company listed.

TOTAL REGULAR HOURS _____

OVERTIME _____

_____
EMPLOYEE SIGNATURE WEEK ENDING (Sunday)

☐ **Hold my check**
☐ **Mail my check**

•CLIENT PORTION•
MUST COMPLETE IN FULL

COMPANY NAME

ADDRESS

SUPERVISOR

Unless otherwise approved by a SPAG representative, Client Company agrees to the following:

- All hours worked over 40/week will be deemed overtime and billed at time and one half
- Minimum assignment length – 4 hours
- Acceptance of further terms and conditions as listed below.
- Client company will be billed for the hours listed on this time sheet. Make no payment directly to SPAG employee
- Staffing Partners' employee cannot be recalled for temporary and/or permanent employment without prior approval from a Staffing Partners representative (See Terms and Conditions for further explanation)

I CERTIFY THAT THE SPAG EMPLOYEE NAMED ABOVE HAS PERFORMED SATISFACTORILY AND HAS WORKED THE HOURS LISTED ON THIS TIME SHEET. I AUTHORIZE SPAG TO INVOICE MY FIRM AT THE HOURLY RATE AGREED UPON. I AGREE TO THE TERMS ABOVE AND THE TERMS AND CONDITIONS OUTLINED BELOW. RETAIN A COPY FOR YOUR RECORDS.

AUTHORIZED SIGNATURE TITLE

( ) / /

TELEPHONE NO DATE

INVOICE NET DUE WITHIN 7 DAYS OF INVOICE DATE

TERMS AND CONDITIONS

- STAFFING PARTNERS ADMINISTRATIVE GROUP (SPAG) makes a considerable investment in the selection of each one of our employees in the areas of recruiting, advertising, screening, testing, training, direct staff and general administrative expenses. The employees assigned to you are direct employees of SPAG. In consideration of the services furnished and the resulting expenses incurred, client agrees not to directly or indirectly employ any employee assigned to them for a period of one year from the date of completion of the assignment without compensating SPAG as follows.
- If client directly or indirectly employs an assigned employee, the client agrees to pay SPAG a conversion charge equivalent to 25% of the annual compensation of the employee. If client directly refers or recommends an assigned employee to a subsidiary, affiliate or other hiring party and the referral or recommendation results in or contributes to the employee's hire, the client agrees to pay the stated conversion charges. Client agrees that amounts incurred for temporary billing will not reduce the conversion charge.
- Client shall not advance cash or other valuables to SPAG employees for any reason, and the client specifically waives any and all rights to offset the amount of value of such cash or valuables advanced against any money owed to SPAG.

Please fill out **completely** and return to Staffing Partners by **12:00 noon, Monday.**
Client and employee should retain a copy for their records.

Terms and Conditions effective 10/1/2003.