

HEALTHCARE SUPPORT STAFFING, Inc.
 1800 Pembroke Drive Suite 100
 Orlando, Florida 32810
 Phone (407) 478-0332 Fax (407) 478-3118
 Fax # for Timesheets 407-393-5557

CLIENT INFORMATION

Client named to the left side hereby agrees that the Temporary Staffing Service named to the left (hereinafter called "Contractor"):

- (1) Incurs substantial recruiting, screening, administrative and marketing expenses in connection with the temporary employee marketing expenses in connection with the temporary employee Employee within 180 days after this dated form, without an agreement from the Contractor, the Client will pay Contractor's conversion charge.
- (2) Client certifies that the time set forth as hours worked has been confirmed by the supervisor and totalled correctly and that the work was performed in a satisfactory manner.
- (3) Client confirms the prior agreement between Contractor and Client with respect to the services performed hereunder and any future services.
- (4) Client has not and shall not in the future without prior written permission from the Contractor in each instance (i) entrust Employee with unattended premises, cash, negotiable instruments, or other valuables or authorize Employee to operate machinery or motor vehicles; (ii) assign Employee to perform work other than described at the time the Client placed the order.
- (5) Contractor's insurance does not cover loss or damage caused by Employee operating Client's owned or leased vehicle(s), and therefore the Client accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damages sustained or incurred as a result of Employee driving such vehicle(s) or arising out of or involving violation by Client of paragraph 4(i) or 4(ii) above.
- (6) Contractor is not responsible for claims made under its liability or bond insurance policies unless claims are reported to Contractor in writing by Client within 30 days of the occurrence
- (7) Contractor is not responsible for claims for damage to property within the Contractor's or Employee's care, custody and control
- (8) In the event of the Client's non-payment of Contractor's invoices, the Client agrees to be responsible for all collection expenses, including attorneys' fees, interest and court costs.
- (9) Client accepts the obligation to discuss all matters concerning Employee, including without limitations, Employee's job assignments, wages and payroll procedures with Contractor and not with Employee directly.
- (10) Client shall indemnify and hold Contractor, its subsidiaries, affiliates and agents, including the employer of record harmless from any and all claims and damages arising out of Client's violation of employment laws including, without limitation, OSHA and EOC, and Immigration laws.

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COMPANY NAME			WEEK ENDING SUNDAY		
ADDRESS			CITY		
EMPLOYEE NAME					
EMPLOYEE SIGNATURE: X			AVAILABLE <input type="checkbox"/> YES FOR WORK <input type="checkbox"/> NO WHEN AVAILABLE		
<small>IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS STATED TO THE RIGHT; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND NO INJURIES WERE SUFFERED. IT IS THE RESPONSIBILITY OF ALL EMPLOYEES TO MAKE SURE THEIR TIMESLIP IS TURNED INTO HEALTHCARE SUPPORT STAFFING NO LATER THAN MONDAY AT 12 NOON - IT IS YOUR RESPONSIBILITY TO CALL AND CONFIRM THAT WE HAVE YOUR SIGNED AND CORRECTLY FILLED OUT TIMESLIP - ANY TIMESLIPS RECEIVED AFTER THIS DEADLINE WILL BE PROCESSED THE FOLLOWING WEEK.</small>					
<small>THE TOTAL HOURS MUST BE RECORDED IN INCREMENTS OF 1/4 QUARTER HOUR rounded to the nearest 1/4 quarter hr (15 mins=.25 / 30 mins=.50 / 45 mins=.75) An example of recording odd mins is as follows: (7 mins = .25 21 mins = .25 51 mins = .75 **odd minutes that are 7 mins after the quarter hour round up to the next 1/4 quarter hour increment</small>					
RECORD YOUR HOURS TO NEAREST QUARTER HOUR - read info above for details					
TOTAL THE HOURS FOR EACH DAY AND ENTER THE TOTAL HOURS FOR THE WEEK BELOW					
DAY	DATE	START	FINISH	LUNCH	TOTAL HOURS
Example		8:08 AM	5:37 AM	0.30	9.00 hours
MON					
TUES					
WED					
THUR					
FRI					
SAT					
SUN					
<small>PLEASE MAKE SURE THE HOURS ABOVE HAVE BEEN TOTALED FOR THE ENTIRE WEEK AND WRITTEN IN THE APPROPRIATE SPACES BEFORE SIGNING OFF ON THE HOURS WORKED FOR THE WEEK. ENTER THE HOURS IN WRITTEN WORD FORMAT AND IN NUMBER FORMAT IN THE SPACES BELOW</small>					
					TOTAL HOURS WORKED
PLEASE PRINT NAME (CLIENT):			TITLE		
AUTHORIZED SIGNATURE (CLIENT):			IS THIS ASSIGNMENT CONTINUING NEXT WEEK <input type="checkbox"/> <input type="checkbox"/> YES NO		
<small>IMPORTANT TO CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORY AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON THE RIGHT SIDE OF THIS FORM, PLEASE DRAW A LINE THROUGH UNWORKED DAYS ABOVE. TIMESLIPS ARE DUE NO LATER THAN MONDAY FOLLOWING THE LAST DAY WORK ALL LATE TIMESLIPS WILL BE PROCESSED THE FOLLOWING WEEK</small>					

EMPLOYEE INFORMATION

- (1) Recording Your Time. Report all total hours times to the nearest 1/4 hour. **Do not show odd mins.**
 - (2) Overtime. All authorized work that you perform in excess of 40 hours on a weekly basis (Mon-Sun) will be paid at time and one half the regular rate. Overtime is not paid on a basis of hours worked in excess of 8 hours daily. You are permitted to work overtime only if the client requests and approves such work. Approval must be obtained from us by the Client before overtime can be approved.
 - (3) Lunches Your lunch period will be determined by the supervisor to whom you are assigned. If you work a full day, the law requires that you take a minimum of one half (1/2) hour for lunch. Any lunch time not taken will not be paid for unless prior approval by the client.
 - (4) Absences. Call Us At Once. We will contact the client. If you will be out for a number of days it will be up to the Client to decide on replacing you or waiting for your return.
 - (5) Never Call The Client. When you are late, or if you cannot work the prescribed hours, or if you won't be able to report to work call US - Not the Client
 - (6) Future Assignments. If you do not contact us after each assignment, we will assume you are not available for work.
- NOTE** In certain states, if you fail to contact us, *without good cause*, regarding your availability for work after your current assignment ends, unemployment benefits may be denied.