

Please fax completed and approved timesheets to 615-886-1193 (no cover page) by 10:00 a.m. Monday or scan and email to: [2018timesheets@eAccountStaff.com](mailto:2018timesheets@eAccountStaff.com)  
 (Retain Fax Transmission receipt. Due to volume we are unable to verify receipt of timesheets sent to us)  
**(Please use Black Ink only)**

<b>Employee Name</b>		<b>Work Order #</b>
<b>Last:</b>	<b>First:</b>	
<b>Social Security #</b> _____ - _____ - _____		<b>Work Week Ending Date (Sunday)</b>
<b>Client Company Name</b>		<b>Client Company Address</b>
<b>Client Supervisor Name</b>		<b>Client Company City</b>

Day	Month / Date	Start Time	Finish Time	Less Lunch Period	Total Hours
Mon.					
Tue.					
Wed.					
Thu.					
Fri.					
Sat.					
Sun.					
Total Hours for Week ----->					

**Employee Certification:** I hereby certify that the hours shown were worked by me during the week designated and were approved by an authorized representative of the client. I understand that I am to contact the AMTEMPS, Inc. office after completing this assignment to discuss another assignment and. If I do not do so, AMTEMPS, Inc. may assume that I am no longer available for work. I also certify that no accident or injury was sustained on the assignment unless so noted on this timesheet.

**Client Company Representative Certification:**  
 By signature below, the client representative certifies that he / she has read, understood, and agreed to the conditions of this document.

\_\_\_\_\_  
**Employee Signature** (I read & understand the Employee Certification above)

\_\_\_\_\_  
**Client Company Representative Signature**

\_\_\_\_\_  
**Date** (Make copy for your records)

\_\_\_\_\_  
**Date** (Make copy for your records)

**AMTEMPS, Inc. and AccountStaff division - Client Agreement**

1. The individual signing this time card 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.
2. This AMTEMPS, Inc. employee is compensated on a weekly basis. Therefore, we (the client) will be billed weekly. Payment will be due upon receipt of invoice. We will be billed for the hours shown on this timesheet at the agreed upon rate. Overtime hours will be billed at one and one-half times the straight time billing rate. In the event that we fail to pay the charges of AMTEMPS, Inc. (whether for temporary services or liquidated damages) when due, we (the client) shall pay all collection and/or litigation costs plus reasonable attorneys fees. In addition, accounts over thirty (30) days old are billed a finance charge of one and one-half percent per month.
3. We (the client) acknowledge that the AMTEMPS, Inc. employee is assigned on the basis of a particular job classification and is not to change job duties without AMTEMPS, Inc. prior approval.
4. We (the client) understand that the supervision of the assigned AMTEMPS, Inc. employee for the agreed upon duties is our responsibility.
5. AMTEMPS, Inc. employees are not to be permitted to operate any motorized vehicles, automotive truck, or transportation equipment without the prior written consent of AMTEMPS, Inc.
6. We (client) agree that no insurance is afforded by AMTEMPS, Inc. for physical loss or damage to clients machinery, equipment, material, or any motorized vehicle (whether licensed for road use or not) in the care, custody, or control of AMTEMPS, Inc. agents or employees, and that AMTEMPS, Inc. should not be liable for the physical loss of damage to said property caused by AMTEMPS, Inc. agents or employees.
7. We (the client) agree not to entrust any AMTEMPS, Inc. employee with cash, negotiable instruments, or other valuable property without prior written permission from AMTEMPS, Inc. Without such permission, we (the client) accept full responsibility for any loss or liability caused or incurred by an AMTEMPS, Inc. employee while handling cash, negotiable instruments or other valuables.
8. We (the client) understand that the temporary help supplied by AMTEMPS, Inc. is the result of substantial expense on the part of AMTEMPS, Inc. in terms of time and money spent for advertising, recruiting, interviewing, testing, screening, and training of its' personnel. Therefore, in consideration of this service, we (the client) agree that if any employee named herein is employed by us within six (6) months of the date on this card, whether that be on or through another staffing services company, we agree to notify AMTEMPS, Inc. in writing. Additionally, it is agreed that this employee will remain on or be put back on AMTEMPS, Inc. payroll for a period of 520 hours from date of written notification and upon violation of either restriction, we (the client) agree to pay AMTEMPS, Inc., upon demand a 15% of annual compensation Direct Hire placement fee or \$2000.00, whichever is greater.
9. We (the client) agree to provide any general or specific safety training necessary to perform the assignments including safety information regarding exposure to hazardous substances to ensure that AMTEMPS, Inc. employees use any protective equipment necessary to perform the job assignments safely.
10. We hereby warrant that we (the client) are in compliance with all laws, rules, and regulations of duly constituted government bodies concerning AMTEMPS, Inc. employees or any other employees and agree to indemnify and hold AMTEMPS, Inc. harmless from any and all damages, claims, suits, demands, or other causes of action which may arise or be asserted against AMTEMPS, Inc. by reason of our (the client) failure to comply with same.
11. Should there be any questions concerning our temporary personnel, please contact AMTEMPS, Inc. We invite your comments regarding the job performance of our employees.