

AVANI TIME CARD

Employee Name _____

Date	Start Time	1st Meal Breakl		2nd Meal Breakl		End Time	Total Hours	Total Minutes	Were all Rest Breaks provided? Y or N	Employee Initials
		Time Out	Time In	Time Out	Time In					
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										
OD = On Duty Meal W = Waived Meal							Total Hours			Time is calculated to the nearest 1/4 Hour

Rest and Meal Period and Time Acknowledgment I understand that I am entitled to be provided:

(1) a duty free rest break of at least 10-minute for every four hours worked or major fraction thereof; (2) a duty free and uninterrupted meal break of at least 30 minutes within the first five hours if I work at least five hours in a workday; and (3) a second duty free and uninterrupted meal break of at least 30 minutes before the tenth hour worked if I work at least ten hours in a workday. The Avani Customized Staffing Meal and Rest Break Policy for All Hourly Employees describes these policies in full..

I hereby certify and declare that, for each workday that occurred within the pay period covered by this time card, (1) I was provided all my rest and meal periods in accordance with the Avani Meal and Rest Break for All Hourly Employees or have notified management as to each date(s) for which a meal or rest break was not provided pursuant to those policies; (2) this time card fully and accurately reports all the time that I have worked; and (3) that I have not worked off the clock.

My signature on this Time Card certifies that I have suffered no accident while on the job or in the scope of my employment. My signature certifies I understand that all injuries must be reported to Avani Customized Staffing. My signature certifies I have not witnessed a near miss or injury that has not been reported to Avani Customized Staffing.

Employee Signature: _____

Location: _____

Contact Number: _____

Comments: _____

Name of Company assigned to: _____

Customer Approval _____

Approval includes Acceptance of Customer Agreement

Customer Agreement

1. Your signature authorizes Avani Customized Staffing, LLC to pay our employees and bill your company for the number of hours recorded above.
2. You may convert the Avani Customized Staffing, LLC employee to your payroll once that employee has worked for you the minimum hours/days as specified on your rate agreement. If you desire to hire an Avani Customized Staffing, LLC employee before the agreed specified time on the rate agreement or should an employment offer become available by the customer or its affiliates within 6 months of completion of the temporary assignment, in any capacity whatsoever, including but not limited to retaining their services as an employee, as an independent contractor, or through another service, you agree to pay a standard conversion fee based on number of days/ hours for your company with a minimum charge of \$1500.00. At no time will Avani Customized Staffing, LLC employees be placed on another agency's payroll.
3. Client agrees not to authorize any Avani Customized Staffing, LLC employee to operate any motor vehicles, automotive or truck equipment without signing a Driver's Release Agreement supplied by Avani.
4. Client agrees to accept full responsibility in any event of bodily injury, physical loss, property damage or liability, including fire, theft or collision caused or incurred by any Avani Customized Staffing, LLC employee, while said employee is operating any of the aforementioned vehicles or equipment or while operating any machinery.
5. Under no circumstance will Avani Customized Staffing, LLC or its insurers be responsible for any claims of employees dishonesty or misconduct unless such claims are reported to Avani Customized Staffing, LLC within (10) ten calendar days of the occurrence and Client cooperates fully in the investigation and prosecution of such claim.
6. Client further agrees to provide any general or specific safety training necessary to perform the assignment including safety information regarding exposures to hazardous substances and to ensure that Avani Customized Staffing, LLC employees use any personal protective equipment necessary to perform the assignment safely.
7. Client hereby warrants that it is in compliance with all laws, rules and regulations of duty constituted governmental bodies concerning Avani Customized Staffing, LLC or any other employees and agrees to indemnify and hold harmless Avani Customized Staffing, LLC harmless from any claims, suits, demands or other cause of action which may arise or be asserted against Avani Customized Staffing, LLC by reason of client's failure to comply with same.

Employee Agreement:

My signature on this time card certifies that I have suffered no accident or injury while on the job or in the scope of my employment. My signature verifies that I have not witnessed a near miss or injury that has not been reported to my Supervisor or Avani Customized Staffing, LLC. These terms and conditions cannot be changed unless agreed in writing by us Avani Customized Staffing, LLC. Thank you for choosing Avani Customized Staffing, LLC