



TIMESHEET

Title _____	_____ /_____ For Office Use
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840 First Colonial Road, Suite 102A
 Virginia Beach, VA 23451
 Email: bookkeeper@medtemps.com
www.medtemps.com
 Fax 757-437-9651
 Phone 757-491-7766

*Due on Mondays by 4pm
 Must be signed by employee and supervisor*

Employee Name: _____

Social Security Number: XXX-XX- _____

Select: Hold (for Friday Pickup) Mail my check Direct Deposit on file (To stop fax written request.)

***Client Site / Location:** _____

Day	Date	Start Time am/pm	Finish Time am/pm	Minus Break Length	Total Hrs.
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Approved parking Reimbursement				Weekly Total	

I hereby certify that the hours and days shown herein were worked by me and were certified by an authorized representative of the Client. Employee Signature _____

CLIENT APPROVAL: Cross out any hours and days not worked by employee. Approval includes verification of hours worked and acceptance of terms and conditions below. Supervisors Signature _____

Terms and Conditions Being duly authorized by the Client, the signature hereby certifies that the hours worked as indicated are true and accurate and any mathematical errors in calculating the total will be checked and corrected by the company before payment. Client agrees to approve and sign employee's timesheet at the end of each work week. Client agrees to provide a safe and suitable workplace, information regarding office policy and procedure, including bloodborne pathogens and HIPAA, safety equipment where necessary, supervision and assistance to perform the job at hand. Client agrees to comply with all State and Federal Laws. Since Client controls the facilities in which the employees work, it is agreed that Client is responsible for compliance with OSHA and HIPAA. Client agrees that employees supplied by Company are compensated on a weekly basis; therefore, Client will be billed weekly at rates as specified. Client agrees to the terms of NET DUE UPON RECEIPT; unless other terms have been agreed upon; Client agrees that unpaid accounts will be considered in default after thirty (30) days; In the event of default, Client agrees to pay interest at the rate of 12% per annum on the unpaid amount from the due date until paid and costs of collections, including without limitation reasonable attorney's fees of 33 1/3% of the amount due or actual fees, whichever is greater. "In addition, Client agrees that the employees supplied by Company can be placed elsewhere or pulled from the job site if the account is in arrears. Client agrees that these employees supplied by Company cannot be hired or paid directly by Client under these circumstances. Client agrees to be bound by these terms and conditions with each temporary employee supplied by Company, until this agreement is terminated, in writing, by either party. Client agrees that the employee supplied by Company, will remain the employee of the said Company for a period of no less than 520 hours, from assignment start date, unless otherwise agreed to in writing by Client and Company. Client cannot hire the employee prior to completion of these conditions unless agreed to in writing, which may include a buyout figure payable immediately by the Client. Should Client hire the employee prior to expiration of said 520 hours, Client will be responsible for damages and any fees due to Company, in accordance with Company's bill rate from time of hire. Client agrees that employees supplied by the Company are direct employees of the Company and represent a substantial investment of Company. A resignation or termination by the employee prior to completing the required 520 hours does not make the employee eligible for hire by the client. The Client agrees that they may not hire that employee for one year unless the employee completes the required 520 hours. Clients' rights to hire supplied employees on a permanent basis will be suspended so long as payments are past due. Client agrees to approve and sign employee's time sheet at the end of each week that the employee works. Signing the time sheet is recognition that the time the employee submits to Company is true and accurate. **Client agrees that a request for services must be for a minimum of 3 hours. Client agrees that if a request for services is canceled and we do not receive a cancelation prior to the scheduled work date, that a minimum of 3 hours will be billed at the quoted rate.** Whereby Client agrees to pay Company for additional hours at a rate of one and one-half times the bill rate for each employee, for all hours worked in excess of forty (40) hours in a week, Company will, at its own expense, provide and keep in full force and affect the following: Workers' Compensation, Business Liability, Professional Liability, Unemployment Compensation, Employee Dishonesty Insurance. Indemnify, defend and hold harmless Client for: Company's failure to comply with all applicable laws; and negligent or intentional act or omission on the part of the Company, its officers, employees; breach of any obligation of Company in this agreement; any direct claim for workers' compensation benefits asserted against Client by Company. The Company maintains Insurance, and any claim by the Client, must be submitted, in writing, within fifteen (15) days of said occurrence, unless the Client brings formal charges against the offending employee and obtains a conviction of said employee. Company's liability for allegations of dishonesty on the part of the personnel supplied shall not exceed \$2500.00.