



Timesheet deadline – Monday 1:00 p.m. Please call our office to confirm receipt of your timesheet.

601.362.1010 – Office 601.362.1074 - Fax

Employee Name Last	First	MI	

Social Security Number

			X		X				
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Work Ending Date (Sunday following the week you worked)

		X			X		
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	Date	Start Time	Less Lunch	End Time	Total Daily Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Hours Worked (Round off to nearest ¼ hour). Do not include lunch in hours worked.	
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Weekly Total Hours

Employee: The hours stated were worked by me for the designated week ending. I understand this time sheet must be signed by the customer's representative for approval for my paycheck to be issued. I will contact Staffers at the end of each assignment; otherwise, Staffers may assume I am not available. I certify no injury or accident was sustained while working on the assignment unless so noted in the comments section. Completed time sheets are due by 1:00 on Monday. All checks will be available at 7:30 a.m. on Friday. Checks not picked up by 4:30 p.m. on Friday will be mailed.

Client: Your signature certifies approval of the hours worked and acceptance of terms and conditions. There is a 4 hour minimum billing.

Employee Signature

Client Signature

Client Company

Division or Department

Customer agrees that the utilization of our employee on either a temporary or a permanent basis within six months from date on this sheet will be through Staffers. If customer desires to hire our employee on a permanent basis, it is agreed that notification of this intent will be given to Staffers and the employee will remain on the Staffers payroll for a period of thirteen (13) weeks (520 hours) retroactive to the employee's starting date or until Staffers receives a buy-out fee which can be quoted by Staffers.

Customer agrees to refrain from entrusting employees of Staffers with care, custody, or control of cash, negotiables, or other valuable property. Full responsibility is accepted by customer as a result of failure to comply with this request.

Customer agrees that no insurance is afforded by Staffers for physical loss or damage to customer's machinery, equipment, material or any motorized vehicle (whether licensed for road use or not) in the care, custody, or control of Staffers, its agents or employees and that Staffers shall not be liable for physical loss or damage to said property for claims involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage incurred as a result of Staffers employee driving such vehicle.

It is understood that the individual signing this timesheet is an authorized representative of the company and hereby certifies that the hours are correct and that the work was performed satisfactorily. Customer agrees to remit payment to Staffers within 10 days following receipt of invoice. Customer agrees to pay all costs of collection, including but not limited to reasonable attorney's fees, paid or incurred by Staffers on account of such collection, whether or not suit is filed with respect thereto.