

Employee Name: _____ Client Name: _____

Fax #: _____ Phone #: _____

ADVANCED[®] Staffing, Inc.

2358 Eastex Freeway ▪ Beaumont, TX 77703 ▪ (Ph)409-835-5566 ▪ (Fax)409-835-5554
www.AdvancedStaffingInc.com

Client Company Name (please print)

Employee Name (please print)

Last four of SS#

Week Ending Date (Sunday) ____/____/____

Is the employee Continuing this Assignment? Yes ___ No ___

Date	Day	Start Time	Lunch Out	Lunch In	Finish Time	Daily Total - (nearest ¼ hour)
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
	Sunday					

Minimum 4 hour call out

Weekly Total Hours Worked =

Advanced Staffing, Inc. responsibilities are to assign its employees to work under Client's supervision; to pay their wages and provide the benefits offered to them to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and other legislatively mandated charges related to them. Advanced Staffing, Inc. will retain the control of hiring, disciplining and termination. Client's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions, provide appropriate information, training, and safety equipment with respect to any hazardous substances or conditions to which they may be exposed at the work site; and to exclude Assigned Employees from its benefit plans, policies, and practices. Client shall not permit Assigned Employees to operate any vehicle or mobile equipment or entrust them with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without Advanced Staffing, Inc. express prior written approval or as strictly required by the job description provided to Advanced Staffing, Inc. Client shall not change Assigned Employees' job duties without Advanced Staffing, Inc.'s express prior written approval; and Properly supervise Assigned Employees performing its work and be responsible for its business operations, products, services, and intellectual property; and Neither party shall be liable for or required to indemnify the other party for any incidental, consequential, exemplary, special, or punitive damages, including lost profit, regardless of how characterized and even if such party has been advised of the possibility of such damages, which arise from the performance of the Agreement or in connection with the Agreement, and regardless of the form of action (whether in contract, tort, negligence, strict liability, or otherwise).

Client's signature on this time sheet certifies that the reported hours are correct and work was done satisfactorily. Client will pay Advanced Staffing, Inc. for the hours at the documented rates upon receipt invoices. Client agrees the employee stated above will remain on Advanced payroll for 500 hrs. or a release fee will be charged for up to one year from referral. If an Assigned Employee works time defined by law as overtime or premium time, Client will pay the same multiple of the regular bill rate as Advanced Staffing, Inc. is required to apply to the pay rate for such time. Client will be responsible for all legal action required for collection of invoice.

Client - Please Print Name

Title

Client - Authorized Signature

Date

*** Timecards must be turned in to our office by Monday at 12:00 NOON following the week you worked ***

Fax to 409-835-5554 or email to ASLtimecards@AdvancedStaffingInc.com

Pay Day is on Friday by Direct Deposit ONLY

I certified that the hours shown on this timecard are true and correct. I understand any falsification of this timesheet is fraud. I also certify that I was not injured while on this assignment during this time period. I understand that when my assignment has ended, I must report to our office the following business day and complete an assignment end report. I understand that failure to report, sign in and mark it on your timecard could affect your unemployment benefits. Complete your time card, make sure it is correct and have it signed by your manager. Failure to turn in your timecard completed, signed and on time will result in your check being a week late or later.

Employee Signature _____

Date _____