BOC STAFFING AGENCY TIMESHEET.

Instructions

- 1. Use a separate sheet for each week and each client.
- 2. Must be signed by authorized representative of client company.
- 3. Timesheets must be uploaded by Monday noon in order for your pay to be processed by Friday

Employee Name:	_	
Manager Name:	Week Starting:	

DATE	Day	Start time	Finish time	Total break	Client initials	Total Hours
	SUN					
	MON					
	TUE					
	WED					
	THUR					
	FRI					
	SAT					

IMPORTANT FOR CLIENT:

BY SIGNING THIS FORM, THE CLIENT CERTIFIES THAT:

- 1 The hours shown are correct
- 2. Work was done in a satisfactory manne
- 3. Client agrees to the terms and conditions below

TERMS AND CONDITIONS.

We certify that the hours indicated are correct and the work performed was satisfactory and that the person signing is authorized to sign on behalf of the client ("CLIENT").

CLIENT are that the obligation of BOC_STAFFING ("BOC") to CLIENT is limited to assigning employees with certain skills and abilities and,

the client ("CLIENT").

CLIENT agrees that the obligation of BOC STAFFING ("BOC") to CLIENT is limited to assigning employees with certain skills and abilities and, with regard to such employees, to maintaining personnel and payroll records, calculating and paying wages, withholding and remitting payroll taxes and other government-mandated charges (including workers compensation), hiring, assigning, reassigning, counseling, disciplining and discharging; and handling work-related claims and complaints. CLIENT reognizes that BOC has an employee-remployee relationship with temporary personnel assigned to CLIENT and agrees to discuss all matters concerning their employment, job assignments, pay procedures, etc., only with BOC CLIENT agrees that in the event an assigned employee works for CLIENT more than 40 hours in any work week; CLIENT will pay BOC one-and-one-half times the agreed-upon billing rate for the assigned employee for all hours worked in excess of 40 hours in any work week.

We understand that BOC has incurred substantial recruitment, screening, administrative and marketing expense in providing the services of the temporary employee eight on this times hese. We agree neither directly or indirectly to his or to use the services of the temporary employee within one (1) year after the last date of the assignment of the employee to in intendent of the expension of the employee within one (1) year after the last date of the assignment of the employee to in the event we or any of our affiliates, or any company to whom we assign this person directly or indirectly, either (i) employ this person on a permanent or temporary basis, (ii) use this person's services in a consulting or freelance capacity, or (iii) use this person's services in on a permanent or temporary service within one (1) year after this person's services in a consulting or freelance capacity, or (iii) use this person's services through another temporary service within one (1) year after this person's services in a consulting or freelance capaci

employee because of his or her race, national origin, color, creed, age, sex, disability, sexual orientation, marital status, religion or other category

IMPORTANT FOR EMPLOYEE:

AUTHORIZED AGENT SIGNATURE

INFORTANT FOR ENTLOYEE:

In consideration of my hiring and employment by BOC, I agree not to accept employment directly or indirectly, whether full-time or part-time, with any CLIENT of BOC to whom I am assigned, and for a period of one (1) year following completion of any assignment with the CLIENT, either directly or as the employee of a third party. I acknowledge that I am responsible for the accuracy of this time sheet and that no adjustments or changes may be or have been made after completion by BOC's CLIENT.

SIGNATURES.

PRINT EMPLOYEE NAME		TOTAL HOURS	
EMPLOYEE SIGNATURE		DATE SIGNED	
COMMENTS			
AUTHORIZED AGENT NAME			
DEPARTMENT			