

Week ending: Sunday, _____ Employee Name: _____

Employee SS#: _____ Employee Signature: _____

Client name: _____ Client Address: _____

Day	Date (MM/DD)	Start Time	Lunch (Out)	Lunch (In)	End Time	Reg. Hours	O.T. Hours	Total Hours
M								
T								
W								
Th								
F								
S								
S								

EMPLOYEE: After filling out this timesheet and having it signed by your supervisor, please make a copy and give it to your supervisor. Please fax the original to Brainstorm Creative Resources promptly and then keep it for your records. Your timesheet is the only means of receiving payment. Be certain to complete your timesheet neatly and correctly and record time to the nearest quarter hour. Errors and omissions will cause a delay in payment. Use a separate timesheet for each assignment and for each week worked. Timesheets are due by 9am Monday morning, following the week you worked. Timesheets submitted after 9am will be processed as part of the following week's payroll.

CLIENT AGREEMENT: It is hereby certified by the individual signing this timesheet on behalf of the client, that the hours listed are correct and the work was performed in a satisfactory manner.

The client will furnish to our employees a safe place of employment in accordance with applicable OSHA and other safety requirements. The client indemnifies us against and holds us harmless from any violations of OSHA or other safety requirement.

The client acknowledges and understands that our invoices are for labor and therefore agrees to pay such invoices upon receipt. If it becomes necessary for us to place the account for collection, the client shall be liable for the collection and attorney fees, plus any and all reasonable costs and interest in connection therewith.

Overtime is anytime over 40 hours per week. Overtime hours will be billed at time and one-half or as otherwise required by law.

The client acknowledges the substantial investment that we incur to recruit, interview, test, orient and quality control our employees. Employees may be hired by the client or on its behalf by another staffing service, but only with our written consent and on our standard terms and conditions. Therefore, if the client decides to hire an employee or have an employee engaged by another staffing service, the client agrees to our Temporary-to-Full-Time Conversion Policy, the terms of which are available on request.

CLIENT NOTE: Execution of this form by the Client constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and agreement by the Client to the terms and conditions printed on this form.

Supervisor Name (Please Print)

Supervisor Signature