

J. Morrissey

The Huntington House 289 Broad Street Windsor, CT 06095
Tel: 860-925-6000 Fax: 860-640-6543 www.jmorrissey.com



HEALTH CARE SERVICES GROUP

Company Name _____		Employee's Name _____	
Company Address _____		Social Security # _____	
_____		Week Ending Date _____	
Hold Check (Circle)	Yes _____ No _____	Are you returning?	Yes _____ No _____

	IN	OUT	Minus Lunch	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Weekly Hours				

Conditions of Assignment:

1. The person assigned is an employee of J. Morrissey & Co. Our employees are adequately covered by workers' compensation insurance. J. Morrissey & Co will assume total responsibility to pay all federal, state and local withholding taxes, as well as social security, state disability insurance and all other payroll charges.
2. Overtime will be billed at one and one-half the billing rate (Federal law requires in excess of 40 hours per week, state laws vary).
3. A J. Morrissey & Co employee may not handle cash, negotiable items or other values without written consent of J. Morrissey & Co. A J. Morrissey & Co employee is not under any circumstance allowed to transport or convey any negotiable items including cash (including, but not limited to delivering bank deposits).
4. J. Morrissey & Co does not authorize any J. Morrissey & Co employee to operate machinery or automotive equipment (other than office machines). J. Morrissey & Co.'s insurance does not cover physical loss, damage or liability caused by operation of client's automotive equipment. It is agreed to that the client accepts any/all responsibility for property damage, bodily injury, fire, theft, or public liability claims caused as a result of a J. Morrissey & Co employee operating the client's vehicle, whether owned or rented.
5. J. Morrissey & Company temporary employees often times are looking for direct hire employment. After you evaluate the performance of our temporary employee(s) you may wish to employ this person directly. This includes, but not limited to permanent, consulting or temporary basis (including through another agency) within six months after the last day of the assignment regardless of classification. You also agree to pay the fee if the employee is hired at a related company, subsidiary or if you refer our employee to that company. Our temp to perm conversion fees are as follows: 0-160 hours; 25%, 160-320 hours; 20%, 320-480; 15%, 480-640; 10%, 640 – plus; 5% (the percentage applies to the employees 1st year earnings). The terms of payment are net 30 from start date.

You agree by signing this timesheet that the hours are correct and agree to all terms and conditions.

Client Name _____ Employee Name _____

Client Signature _____ Employee Signature _____

It is very important that you fax this timecard to us on the last day of your work week. Please call us to make sure we have received your faxed copy. As of 10:00 a.m. on Monday, payroll will close. Any timesheet received after 10:00 a.m. will be processed the following week.