## Timesheet - Temporary Fill-Ins Metro 2, LLC Upon completion of services, please fax to 303-410-0114

**CLIENT Verification** 

Company Name:						
Total Hours Worked (In numbers): Total Hours Worked (In words):						
The undersigned is an authorized representative of the above company and certifies that the employee worked the number of hours indicated with services performed satisfactorily. The CLIENT has read and agrees to the Conditions of Service on this form.						
Client Name & Title (print):						
Client Signature:						



DAY	DATE	TIME IN	LUNCH OUT	LUNCH IN	TIME OUT	DAILY TOTAL
SUN		:	:	:	:	:
MON		:	:	:	:	:
TUES		:	:	:	:	:
WED		:	:	:	:	:
THURS		:	:	:	:	:
FRI		:	:	:	:	:
SAT		:	:	:		:
					TOTAL HOURS:	:

## **Employee Verification**

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I certify that these hours and dates are correct and have been approved by the client. I further certify that I suffered no injuries during this work period. I agree to abide by all Temporary Fill-Ins policies. \*\* I understand that failure to fax a completed timesheet in a timely manner may result in a delay in receiving my compensation.

Employee Signature: Date:

## Conditions of Service:

CLIENT agrees to the following conditions of service:

I) Client will be responsible for current hourly rate that applies. Unsatisfactory employees must be reported immediately. Any employee injuries/ Workers' Compensation issues must be reported to Temporary Fill-Ins Metro 2, LLC (TFIM2) immediately. Additional staffing requests for all positions must be confirmed with TFIM2. In the event CLIENT wishes to extend employment to a TFIM2 employee, current placement fees will apply. TFIM2 reserves the right to suspend service during an assignment for reasonable cause. 2) CLIENT agrees to pay invoice upon receipt, in absence of a written agreement to the contrary, and understands that unpaid accounts will be considered in default after thirty (30) days. CLIENT agrees to pay collection costs and attorney's fees as a result of unpaid account. 3) CLIENT agrees to indemnify and hold harmless TFIM2 for actions of employees. 4) TFIM2 assumes responsibility for the payment of employee compensation, the withholding and payment of all required payroll taxes, workers' compensation insurance and unemployment insurance as required by city, state and federal laws.