

Employee No	ame (First / Middle	Initial / Last)					-	First Five (5)	Digits of SSN	I			I	
Client Name								Snelling Office/ Phone, Fax						
Street Address								Street Address						
City	Star	te	Zip				-	City State Zip						
			1		<u> </u>		1	1		1	1	Assignment	Continuina?	
5 Digit Office ID			Assignment ID							□ NO				
			_				houre shown	n, this time sheet must be completed and signed both by the field employee and by				ee and by an authorized		
Work Weeke	ending Date format MM/D	DD/YYYY	representative of the Client of			et mast be con	ipicica ana sig	grica bout by un	c neid employ	ec and by an admonzed				
Note: Date & Days will complete based on week ending date entered above. Format time as hh:mm PM/AM														
	Saturday Sun			day Monday Tuesday			Wed	Wednesday Thursday			Friday			
Date	·													
Time In	Total		Total	Total		Total		Total		Total		Total		
Time Out														
Break														
Time In	Total		Total	Total		Total		Total		Total		Total		
Time Out	Ioidi		Total	Total		TOTAL		Total		Total		Total	Total Weekly Hours	
Daily Totals														
EMPLOYEE STATEMENT: 1 acknowledge that 1 am an employee of Snelling, LLC and 1 am not an employee of the client company. I acknowledge that the end of this assignment is not a termination of my employment with Snelling. When this assignment ends, I agree to contact Snelling immediately for further assignments, and I undestand that if I fail to contact Snelling, I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I further agree that I will not accept any employment that if I rough a contact Snelling, I may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I further agree that I will not accept any employment that if I rough another personnel agency for a period at 180 days after this assignment ends without Snellings written consent. I hereby certify that I have sustained no injury on this assignment and the days and hours! have indicated are true and correct. I certify that I have been provided all breaks to which I am entitled by law.														
Employee Signature/Date Forwarding this timesheet for client approval via Email is your electronic signature.														
CLIENT STATEMENT: I here by certify the hours I have indicated below are accurate and that Snelling's field employee is entitled to be paid accordingly. If there is a difference between total hours indicated for each timecard and total hours indicated by day, the hours by day shall be controlling. I acknowledge and agree that these services were performed in accordance with the terms and conditions set forth on this timesheet. I hereby acknowledge the Emailing of this timesheet shall constitute my electronic signature. I certify that the employee was given all breaks required by law.														
Client Signat	Client Signature Date			Phone	-	Printed Name of Authorized Client Representative								
Fax to:		or forward via	Email to:					Forwarding 1						
Тах то		_ or rorreard vid		Enter Snelling email account			-	. or waraning i		via Lilian is ,	our electronic	. signatore.		
TERMS AND CONDITIONS In consideration of services performed, Snelling Employment, LLC. d/h/a Snelling ("Snelling"), and Client agree to the following: Client certifies that all hours transmitted to Snelling electronically are accurate and that Snelling's Assigned Employee is entitled to be paid in accordance with the time electronically transmitted and verified by Client. By submitting the time electronically, Client acknowledges that the services were performed in accordance with the request from Client for temporary staffing personnel ("Assigned Employees") to perform services as														
expressed in a work order or otherwise (the "Assignment"). Client shall pay all invoices upon receipt to Snelling at P. O. Box 650765, Dalas, Texas 75265-0765. Client shall not advance cash or valuables to any Assigned Employee and shall not offset or recoup any against any amounts owed to Snelling.														
Client shall (a) pot duties without Snelling's supervise Assigned Employees performing the Assignment, (b) properly suspervise Assigned Employees with a safe work site and appropriate information, training, and safety equipment for the Assignment; (e) not change Assigned Employees (m) duties without Snelling's written approach; (f) comply with applicable laws and regulations, including providing meal time and break times; (e) exclude Assigned Employees' from Client's benefit plans, policies, and practices, and (g) comply with applicable laws and regulations, including providing meal time and break times; (g) exclude Assigned Employees from Client's benefit plans, policies, and practices, and (g) comply with applicable laws applying to these duties.														
Without See ling's writen approval (which may require a release in a form acceptable to Snelling, an Assignment shall not be operation of monorized evoluties, personal consumer data, or trade secrets, or (e) any jobs or industries listed as prohibited by Snelling's risk management department as prohibited, rever required, or specialized training required. Snelling may remove employees at any time without notice to Client 15 snelling determines the Assigned Employees are subject to an unsafe workplace or working conditions														
internation of the contractive of the extended as promoted by seleging first, management coaparatment as promoted; review required, or specialized training required. Snelling or specialized training required. Snelling or specialized training required. Snelling or specialized training required or specialized training required. Snelling reasonable attornays (feets, agents, representatives, and employees, and employees harmines from all third party (emands claims, losses, and liabilities of a third party (including reasonable attorneys' feet) to the extent caused by Client's failure to discharge Client's duties and responsibilities set forth herein or damages to persons or property proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, and including reasonable attorneys' feet) to the extent caused by Client's failure to discharge Client's duties and responsibilities set forth herein or damages to persons or property proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, or willful misconduct of Client will describe a proximately caused by the negligence, or will distinct														
misconouct of Client or Client or Client or Client somcers, employees, or autmonated agents in the discharge of those duties and responsionities. Client acknowledges that no insurance is provided by Snelling covering physical loss or damage to Client's vehicles, machinery, equipment, merchandise, or materials that are in the care, custody or control of Snelling's field employee.														
If Client is not satisfied wit	f Client is not satisfied with the performance of an Assigned Employee during the first eight (8) hours of work, Snelling will replace the Assigned Employee at no cost to Client and Client will not be billed for the replaced Assigned Employee. THE FOREGOING SENTENCE IS CLIENT'S SOLE REMEDY FOR THE REPLACEMENT OF AN ASSIGNED EMPLOYEE.													
If an Assigned Employee is	if an Assigned Employee is converted to an employee of Client or Client's contractor, if assigned to another staffing company, and Snelling has not collected at least 720 hours of time for that Assigned Employee, Client will pay Snelling the following conversion fee: 1% of annual salary, but in no event less than \$500.													
Client agrees that all invoice	ces received from Snelling will be due upon receipt	and that any amounts not paid w	vithin 30 days after rec	eipt of such invoice will incur a late fee of 1.0% of the	amount owed.									
				ayment terms or any breach under this Agreement.										
				possibility of such damages. Snelling's total liability	under this Agreement for any	claims whatsoever,	including third party clai	ms, will never exceed \$500,	,000.					
	to waive any right to a trial by jury for any dispute odify or affect the foregoing terms and conditions.	arising from this Agreement. Th	ne laws of the State of	New York govern this contract.										

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