



Company _____

Address _____

Supv. _____

Tele. No. _____

Employee Name _____

Social Security No. _____

Signature _____

EMPLOYEE PLEASE CHECK ONE:

DELIVER TO SITE HOLD CHECK

EMPLOYEE PLEASE CHECK ASSIGNMENT:

CONTINUING AVAILABLE COMPLETED NOT AVAILABLE

DAY	DATE	IN	LUNCH	OUT	TOTAL
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

TOTAL HOURS

TERMS AND CONDITIONS

CLIENT: The Signature to this timesheet is an acknowledgement that OLIVER STAFFING has incurred substantial recruitment, screening, administrative and marketing expenses in providing the services of the temporary employee identified above. We agree not to hire directly or indirectly, or to use the services of the temporary employee named above through any other person or firm or as an independent contractor within fifty-two (52) weeks after the last date of the assignment of the employee to us. If, either directly or indirectly, we hire or otherwise use the services of the employee, then we will notify OLIVER STAFFING and either a) continue the temporary assignment of such employee for an additional twelve week period and pay for his or her services to us under the same terms and conditions as now provided, or b) pay OLIVER STAFFING liquidated damages in an amount equal to the product of the hourly billing rate for said employee multiplied by two-hundred and ten (210).

The person signing on the above, certifies on behalf of himself and the Client that: (1) he/she is authorized to sign on behalf of the Client; (2) That the hours worked and the information listed above is correct; (3) The services of the employee identified above were satisfactory; (4) The Client has not and will not entrust OLIVER STAFFING employees with unattended premises, cash, negotiable securities or instruments, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from OLIVER STAFFING in each instance, and that it acknowledges that OLIVER STAFFING has no insurance coverage for any loss or damage resulting there from and will therefore indemnify and hold OLIVER STAFFING harmless from any such claim arising out of a breach of the foregoing inclusion of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage, or other liability damage; (5) OLIVER STAFFING is not responsible to Client or others for claims made under its fidelity bond, unless such claims are reported to OLIVER STAFFING in writing by the Client within thirty (30) days after occurrence; and (6) Client will indemnify OLIVER STAFFING for claims and liabilities pursuant to the Occupational Safety and Health Act Governing the premises owned or controlled by Client and to which OLIVER STAFFING employees are assigned to perform services in or are present in.

The Client recognizes that OLIVER STAFFING has an employer/employee relationship with temporary personnel assigned to the client and agrees to discuss all matters concerning their employment, job assignments, pay procedures, etc., with OLIVER STAFFING. The Client agrees to pay interest at the rate of one and one half (1-1/2 %) percent per month (18% per annum) on charges remaining unpaid thirty (30) days after the invoice date and reasonable attorney fees and expenses of collection, if OLIVER STAFFING engages an attorney to enforce payment of any charges incurred.

EMPLOYEE: In consideration of my hiring and employment by OLIVER STAFFING, I agree not to accept employment directly or indirectly whether full-time or part-time with any Client of OLIVER STAFFING to whom I am assigned and for a period of ninety (90) day following completion of any assignment with the Client not to accept assignment to work for such Client either on its premises or as the employee of a third-party accept with the prior written consent of OLIVER STAFFING in each instance.

I certify that I have read and understand the above and that the hours entered are correct for the services rendered. I agree not to hire above named temporary without discussing same with OLIVER STAFFING, INC.

SUPERVISOR'S SIGNATURE _____ PRINT NAME _____

TITLE _____ DATE _____ TELE. # _____