



Please print and fill out entirely to ensure prompt receipt of your paychecks:

Name.....

Address.....

City.....

State.....Zip.....

Phone.....Email.....

Social Security Number - -

TIME REPORT (CROSS OUT HOURS NOT WORKED)

HOURS WORKED								
	START TIME		FINISH TIME		LESS LUNCH AND/OR BREAK PERIOD		NET TOTAL HRS FOR THE DAY	
	HR	MIN	HR	MIN	HR	MIN	HR	MIN
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
Please enter total hours worked in box ▶								
WEEK ENDING SUNDAY								
	MO	DAY	YEAR					

Is this assignment complete? YES NO

- The hours worked on this time report are accurate and were completed by me.
- I agree that I will not accept assignments or employment from the client directly or through any third party for a period of 180 days from termination of this assignment.
- I have no work related injury this week, and there is no unsafe or hazardous conditions at the work site. If yes, report it to AscendTemps immediately.
- There have been no interferences with my employment opportunities nor any violation of AscendTemps' harassment policies by AscendTemps, the client or others at the assignment.

5. EMPLOYEE MUST SIGN BELOW:

.....
SIGNATURE

(Any alterations of hours worked will void this card)

TO CLIENT. The employee herein mentioned is engaged by us under the following Terms and Conditions:

- The signature on this time sheet is an acknowledgement that AscendTemps has incurred substantial recruitment, screening, administrative and marketing expenses in providing the services of the temporary employee identified herein. We agree not to hire, directly or indirectly, or to use the services of the temporary employee named on this timesheet through any other person or firm as an independent contractor within one-hundred eighty (180) days 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 AscendTemps and either: (a) continue the temporary assignment of such employee for an additional twenty (20) week period and pay for his or her services to us under the same terms and conditions as now provided; or (b) pay AscendTemps liquidated damages in an amount equal to the employee's projected annual compensation multiplied by twenty percent (20%).
- The person signing this timesheet certifies on behalf of himself/herself and the Client that: (a) he/she is authorized to sign on behalf of the Client; (b) the hours worked and the information listed on this timesheet is correct; (c) the services of the employee identified on this timesheet were satisfactory; (d) the Client authorizes AscendTemps to pay the employee and to bill the Client for the hours listed on this timesheet; (e) the Client has not and will not entrust AscendTemps 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 AscendTemps in each instance, and that it acknowledges that AscendTemps has no insurance coverage for any loss or damage resulting therefrom and will therefore indemnify and hold AscendTemps harmless from such claim arising out of a breach of the foregoing, inclusive of liability resulting from bodily injury, property damage, fire, theft, collision, cargo damage or other liability damage; (f) AscendTemps is not responsible to the Client or others for claims made unless such claims are reported to AscendTemps in writing by the Client within thirty (30) days after occurrence; (g) the Client will indemnify AscendTemps from claims or liabilities pursuant to the Occupational Safety and Health Act governing the premises owned or controlled by the Client and to which AscendTemps employees are assigned to perform services in or are present in.
- The Client recognizes that AscendTemps 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 AscendTemps. The Client agrees to pay interest at the rate of one and one-half percent (1-1/2%) per month, eighteen percent (18%) per annum on charges remaining unpaid thirty (30) days after the invoice date and reasonable attorney's fees and expenses of collection, if AscendTemps engages an attorney to enforce payment of any charges incurred.
- AscendTemps does not undertake to perform background checks. It is recommended that the client perform whatever background checks and evaluations it deems necessary or appropriate prior to the assignment of the AscendTemps employee. Accordingly client assumes the risk and takes full and complete responsibility for performing the background checks and evaluation for suitability for the assignment.
- We acknowledge that because the temp works on our premises, the evaluation, management and oversight of the temp will be solely our responsibility. Furthermore we agree not to hold AscendTemps responsible for any actions taken by the temp including but not limited to performance, malfeasance or any practices that might be injurious to our business.

COMPANY NAME.....

ADDRESS.....

CITY.....

STATE.....ZIP.....

PRINT NAME.....

.....
CLIENT'S AUTHORIZED SIGNATURE.