

**EMPLOYEE NAME** (Please Print)

CLI

## **EMPLOYEE** TIME SHEET

## TIME SHEETS MUST BE IN OUR OFFICE BY 12 NOON MONDAY

| IPERVISOR                 |                                      |  |                                    |   |                                      |
|---------------------------|--------------------------------------|--|------------------------------------|---|--------------------------------------|
|                           | HOURS - T                            | O THE <u>NEARE</u>   | ST QUARTER I                       | HOUR  |                                      |
|                           | DATE<br>WORKED<br>(MM/DD/YY)         | START<br>TIME  | FINISH<br>TIME                     | LESS<br>LUNCH                                     | TOTAL<br>HOURS                       |
| MONDAY                    | (,,                                  |  |                                    |   |                                      |
| TUESDAY                   |                                      |  |                                    |   |                                      |
| WEDNESDAY                 |                                      |  |                                    |   |                                      |
| THURSDAY                  |                                      |  |                                    |   |                                      |
| FRIDAY                    |                                      |  |                                    |   |                                      |
| SATURDAY                  |                                      |  |                                    |   |                                      |
| SUNDAY                    |                                      |  |                                    |   |                                      |
| WEEK ENDING DATE (SUNDAY) |                                      |  |                                    | TOTAL<br>REGULAR<br>HOURS                         |                                      |
|                           |                                      |  |                                    | OVERTIME<br>HOURS<br>(OVER 40)                    |                                      |
|                           |                                      |  |                                    | CEDTIEV TH  | AT HOURS S                           |
|                           | ND WESTPHAL S'<br>I<br>ANY AGREES TO | HERE ARE CO  | RRECT.                             |   |                                      |
|                           | ANY AGREES TO                        | HERE ARE CO  | ORRECT.<br>AND CONDITION           | ONS ON THIS                                       |                                      |
| CLIENT COMPA              | ANY AGREES TO                        | THE TERMS A  THE T | SIGNATURE AL STAFFING IL TO DO SO, | ONS ON THIS  INC WITHIN C WESTPHAL S R AGREE TO 1 | TIME SHEET  ONE WORKING STAFFING INC |

PLEASE FAX, E-MAIL, MAIL OR HAND DELIVER TO: 505 S. 24th Avenue, Suite 104 · Wausau, WI 54401 Phone (715) 845-5569 · Fax (715) 848-8369 www.westphalstaffing.com · weststaf@westphalstaffing.com

## **CLIENT TERMS & CONDITIONS**

CLIENT agrees that Westphal Staffing's obligation to CLIENT is limited to assigning employees (Assigned Employees) with certain skills and abilities and, with regard to such employees, to maintain personnel and payroll records; calculate and pay wages; withhold and remit payroll taxes and other government-mandated charges (including workers' compensation); hire, assign, reassign, counsel, discipline and discharge; and handle workrelated claims and complaints.

CLIENT's signature on this timesheet certifies that the hours are correct; that the work was performed to CLIENT's satisfaction and authorizes Westphal Staffing to bill CLIENT for such hours. CLIENT agrees that, in the event an Assigned Employee works for CLIENT more than forty (40) hours in any workweek, CLIENT will pay an increase in the bill rate to reflect such additional compensation plus applicable markup.

CLIENT agrees to pay Net Upon Receipt of invoice.

CLIENT agrees that it will not entrust Assigned Employees with unattended premises, cash, checks, keys, credit cards, merchandise, confidential or trade secret information, negotiable instruments, or other valuables without the express prior written permission of Westphal staffing and then only under Westphal Staffing's direct supervision and control, and that it will not request or permit any Assigned Employee to use any vehicle, regardless of ownership, in connection with the performance of services for CLIENT.

CLIENT agrees not to directly or indirectly cause or permit any Assigned employee assigned to CLIENT by Westphal Staffing to transfer to another entity's payroll, or to perform services for CLIENT while on the payroll of any person or firm other than Westphal Staffing during the term of the Assigned Employee's assignment to CLIENT and for 30 days after such assignment ends. If CLIENT violates this paragraph, then CLIENT shall pay to Westphal Staffing a fee in the amount of 14% of the Assigned Employee's annualized compensation.

If CLIENT hires directly on to its payroll, or engages as an independent contractor, an Assigned Employee after the Assigned Employee has worked at the CLIENT's facility for at least 480 hours with no break in service, Westphal Staffing shall waive any placement fee, conversion fee, or liquidated damages, provided that CLIENT has paid to Westphal Staffing all invoiced amounts for such Assigned Employee. In the event that CLIENT hires or engages as an independent contractor any Assigned Employee prior to such 480 hour period in any position, CLIENT shall pay to Westphal Staffing an amount equal to what CLIENT would have paid Westphal Staffing had such Assigned Employee worked at CLIENT through Westphal Staffing for 90 business days at Westphal Staffing's then current rates.

## **EMPLOYEE TERMS & CONDITIONS**

I agree to promptly notify the Westphal Staffing Inc. office if I am injured during an assignment.

I will not operate any vehicle without prior written consent from Westphal Staffing Inc.

I understand that I am to work 480 hours for Westphal Staffing Inc. before I can be hired by the client company in any position.

Thank You for Choosing Westphal Staffing Inc.