



WEEKLY TIME SHEET

Corporate Office:
 16 S. Frederick Street
 Baltimore, MD 21202
 P: 410 649-0900
 F: 410 649-0899

www.ionesnet.com

Employee Name: _____ **LAST 4 DIGITS SS#:** _____

Company Name: _____ **Dept/P.O#:** _____

	Date	Start-Time	End-Time	Less Break	Regular Hours	Overtime Hours	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

NOTE: Show all minutes to the nearest 1/4 of an hour.
 (15 minutes = .25, 30 minutes = .50, 45 minutes = .75)

Total Reg	Total OT	Client Must initial OverTime
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TO ENSURE YOU RECEIVE YOUR PAYCHECK ON TIME, THIS TIME SHEET MUST BE RECEIVED BY JONES NETWORKING NO LATER THAN MONDAY AT 5:00 P.M.

EMPLOYEE ACCEPTANCE AND INSTRUCTIONS:

You are paid according to this official record of time worked. Incomplete, inaccurate or illegible time sheet may cause your paycheck to be delayed. Employee and client company signatures must appear on the time sheet to ensure prompt payment. Execution of the time sheet is your responsibility. I hereby certify that these hours were worked by me during the week shown above, and were properly verified by an authorized representative of the client company. I understand that I am to contact Jones Network Associates, LLC after completing an assignment and unemployment benefits may be denied if I do not do so. I certify no accident, injury or improper conduct occurred while working on the assignment unless written notice is attached.

Employee Signature: _____ **Date:** _____

CLIENT ACCEPTANCE:

Execution of this time sheet certifies that the total number of hours indicated is correct and that the work was performed in a satisfactory manner. Client shall not entrust Jones Network Associates, LLC employees with unattended premises or any part thereof, handling cash, negotiables or other valuables without written permission from Jones Network Associates, LLC. Jones Network Associates, LLC or its insurers will not be held responsible for any claim of employee dishonesty or misconduct unless such claims are reported to Jones Network Associates, LLC within 10 days of the occurrence and client cooperates fully in the investigation and prosecution of such claims. It is further understood that insurance coverage of Jones Network Associates, LLC does not cover liability or property damage to Client's equipment, machinery, materials etc. in the care of Jones Network Associates, LLC, its agents or employees unless a prior written agreement is received from Jones Network Associates, LLC. We the client understand and agree that Jones Network Associates, LLC has incurred considerable expenses in the recruiting and maintaining of its pool of temporary employees. Further, we understand that should we elect to directly or indirectly solicit or hire this employee within twelve (12) months of today, Jones Networking Associates, LLC must be notified and a financial settlement of 25% of the annual starting salary must be made with Jones Networking Associates, LLC unless other terms regarding these employees are agreed upon in writing. Invoices are due and payable upon receipt, a late fee of 1.5% per month after 30 days of the balance may be assessed. Client agrees if a collection service is required to recover payment of invoices, an additional 35% will be added to cover all legal fees and expenses. Four-hour minimum on all assignments. Your signature below represents that you agree with these terms and conditions.

Authorized Supervisor (print): _____ **Title:** _____

Authorized Signature: _____ **Date:** _____