

# Miceli-Watters, STAFFING PARTNERS, LLC

## Timecard

WEEK ENDING (Sunday) \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

LAST 4 NUMBERS OF SS # \_\_\_\_\_

CLIENT COMPANY: \_\_\_\_\_

DEPT: \_\_\_\_\_

**FAX TIMECARDS TO: (209) 522-2210 – OR – EMAIL TO: [watters@staffingpartners.net](mailto:watters@staffingpartners.net)**

**MUST BE RECEIVED NO LATER THAN 8:AM ON MONDAY IN ORDER TO BE PAID ON TIME. PAYDAYS ARE FRIDAYS.**

DATE	TIME IN	TIME OUT	LUNCH IN/OUT	REGULAR HRS	O.T HRS	D.T HRS
MONDAY	:	:	/			
TUESDAY	:	:	/			
WEDNESDAY	:	:	/			
THURSDAY	:	:	/			
FRIDAY	:	:	/			
SATURDAY	:	:	/			
SUNDAY	:	:	/			
TOTAL HOURS						

Regular work week is Monday through Sunday. Do not include lunch hour in your total time. Report time to nearest quarter hour.

**CLIENT / EMPLOYEE:** As acknowledged by the signatures below, it is agreed that proper break times and meal/lunch periods have been allowed/taken for the week ending indicated above, in accordance with our employee handbook, and Federal and State Law.

**CLIENT** – Please write total hours worked in words: \_\_\_\_\_  
 I as the Supervisor have acknowledged and will comply with the information stated below on this time card and state that the hours shown on this timecard are correct, and the work was performed in a satisfactory manner.

**CLIENT Authorized Signature:** \_\_\_\_\_

I as the Employee have acknowledged and will comply with the information stated below on this time card and state that the hours shown on this timecard are correct, and have been approved by an authorized company Supervisor. Additionally, I acknowledge that I did not witness or experience a work injury or accident during this week that I did not report directly to STAFFING PARTNERS.

**EMPLOYEE Signature:** \_\_\_\_\_

**EMPLOYEE:** Please notify STAFFING PARTNERS immediately should your job duties differ substantially from those described by STAFFING PARTNERS. Your signature must appear on all timecards and timecards will not be accepted for payment unless they are also approved and signed by an Authorized Supervisor of CLIENT. Use a separate timecard for each assignment and each work week. Timecards are due Monday at 8am. Any timecards received after may cause a delay in payment. It is the responsibility of the employee to turn in the timecard. Paydays are on Fridays.

**CLIENT:** It is agreed that timesheets submitted by facsimile transmission or email are valid for billing purposes. The CLIENT Representative confirms that he/she is authorized to approve time and that STAFFING PARTNERS may rely upon his/her signature as binding upon CLIENT.

CLIENT will be billed for all hours specified on this timecard. Overtime Hours will be billed at time and one half. STAFFING PARTNERS will invoice CLIENT weekly. Invoices represent wage costs and are due upon receipt unless other terms are specifically approved in writing by STAFFING PARTNERS. Interest on past due invoices will be charged at the rate of 2% per month or the highest rate permitted by applicable law. CLIENT agrees to pay a conversion fee as outlined in the Staffing Agreement in the event the CLIENT offers employment to the employee named on this timecard.

The CLIENT acknowledges that STAFFING PARTNERS employee is assigned on the basis of a particular job description and is not to change job duties without STAFFING PARTNERS' prior approval. Our employees may not operate or drive any motorized vehicle or operate any machinery (except office machinery) without prior written consent. STAFFING PARTNERS assumes no responsibility if our employees handle cash, securities or other valuables without our prior written consent. STAFFING PARTNERS accounting employees are not authorized to render a professional opinion on financial statements or tax returns. Further, they have not been authorized to sign their respective name or that of STAFFING PARTNERS on said documents. CLIENT represents that its worksite complies with all OSHA and other applicable rules and regulations. STAFFING PARTNERS shall incur no liability as a consequence of any violation of this agreement. In the event an Employee is injured while performing duties for CLIENT that are different from the specific duties agreed and as indicated above, CLIENT will indemnify, defend and hold harmless, STAFFING PARTNERS from any claims, costs and expenses incurred as a result of that injury, including any medical and/or Worker's Compensation claims. STAFFING PARTNERS does not accept responsibility for any property loss or damage that may be caused by the negligent or deliberate acts or omissions of the Employees provided. CLIENT will communicate to STAFFING PARTNERS and Employees all hazards in the workplace, provide any training or equipment which may be required or normal and customary in its business, and will take due care to protect Employees from exposure to any hazardous conditions or materials.

**Should you have any questions regarding this time card and/or agreement, please contact STAFFING PARTNERS – 209-544-2907.**