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THIS SHEET MUST BE COMPLETED AND SIGNED BEFORE A PAY CHECK CAN BE ISSUED

REPORT YOUR TIME TO THE NEAREST ¼ HOUR

PLEASE PRINT CLEARLY

	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS	EMPLOYEE NAME
MON					CLIENT NAME
TUE					CLIENT ADDRESS
WED					CITY STATE, ZIP
THU					My Assignment is Continuing <input type="checkbox"/> Completed <input type="checkbox"/>
FRI					I will pick up my check <input type="checkbox"/> Mail My Check <input type="checkbox"/>
SAT					Direct Deposit <input type="checkbox"/>
SUN					I hereby verify that I have worked the hours indicated on this time sheet.
					Employee Signature:
					WEEK ENDING:
					MONTH: DAY: YEAR:

TOTAL HOURS WORKED:

ALL HOURS WORKED IN EXCESS OF 40 HOURS WILL BE CONSIDERED OVERTIME

TERMS AND CONDITIONS

I certify that the total hours shown are true and correct, and this signature is authorization to bill the named company for these hours. We agree to accept an emailed, e-signed, or faxed copy of this document in place of the original. Client acknowledges RJ-STAFFING's policy of 8 hours minimum billing per day. Any hours billed in excess of 40 hours per week will be billed at the overtime rate of 1 and ½ times the regular hourly rate. We understand that employees of RJ-STAFFING are referred to us on a temporary basis. If our company or an affiliate employs this person on their payroll, or in a consulting position, or utilizes this person's services through another temporary or outsourcing service within 1 year after the termination of this person's temporary assignment, we agree to pay RJ-STAFFING a penalty fee equal to 30% of the annualized salary offered this employee. We also agree to RJ-STAFFING's payment terms of "Net Due Upon Receipt" and will process their invoices accordingly. Should the customer breach any of the aforementioned contractual terms and conditions, whether specific or implied, the customer will be liable to reimburse RJ-STAFFING for attorney's fees and court costs necessarily incurred through the collection of fees and/or litigation resulting from said breach in the amount of 1/3 of the outstanding debt and penalty fee.

 AUTHORIZED SIGNATURE
 (Constitutes agreement of Above Terms and Conditions)

 DATE

 AUTHORIZED NAME (PRINT)

 TITLE