



Shoman Staffing Services Timesheet

5810 Lomas Blvd NE
Albuquerque, NM 87110
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Email: timesheets@shomanstaffing.com

Client Terms & Conditions

TIMESHEETS CAN BE EMAILED/FAXED/DROPPED IN OUR OFFICE BY MONDAY AT 8AM

Employee Name _____
Social Security Number _____
Client Company _____
Supervisor _____

Please Round Total Hours-To the NEAREST quarter hour

	Date Worked	Time In	Lunch Out	Lunch In	Time Out	Total Hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Printed Total Hours: _____					Total Hours	
<u>For Office Use Only</u> Week Ending Date: _____					Total Regular Hours	
Comments: _____					Overtime Hours	

Client's signature on this timesheet certifies that the work was performed to Client's satisfaction and authorizes Shoman Staffing to bill Client for such hours. Client shall pay all invoices upon receipt to Sandia Financing at the office coordinating said services. Invoices not paid within 60 days will incur a 1% late fee, per month, on the delinquent balance. Client also agrees to pay any reasonable collection expenses incurred by Shoman Staffing to collect the debt. Client agrees that, in the event an Assigned Employee works for Client more than forty (40) hours in any work week Client will pay 1 and ½ times the regular bill rate.

Client will not entrust Assigned Employee with unattended premises, cash, keys, credit cards, merchandise, confidential or trade secrets, or other valuables without prior written consent from Shoman and execution of a Client General Release. Client further agrees to not authorize any Shoman employee to operate any motor vehicle, truck or heavy equipment or machinery; or allow an employee to do any work requiring use of a ladder or scaffolding, or similar equipment, without prior written consent from Shoman and execution of a Client General Release. Client acknowledges that no insurance is provided to cover physical loss or damage to client's vehicles, machinery, merchandise or materials that are in the care of Assigned Employee, and Shoman has no liability for loss or damage.

Neither Client nor Shoman will be liable to pay or indemnify the other for any incidental, consequential, exemplary, special or punitive, or lost profit damages or expense arising from their staffing relationship.

Shoman Staffing's responsibilities, as a disclosed limited agent for the Client for staffing purposes, are to assign qualified employees to work under Client's supervision; to pay their wages and provide the benefits that Shoman offers to them (including unemployment and worker's comp. insurance); to maintain their personnel and payroll records; and to pay, withhold, and remit payroll taxes and other legislatively mandated charges related to them. Client's responsibilities are to properly supervise Assigned Employees; to be responsible for and to safeguard all aspects of its business; to provide safe working conditions and abide by all OSHA and other applicable Safety Laws.

Shoman Staffing's policy is that Client may hire any Assigned Employee after 520 billable hours, with NO conversion fee. Client agrees to contact Shoman Staffing if they desire to 1) Hire Assigned Employee prior to completion of 520 billable hours, a conversion fee of 20% of the annualized pay rate (from Shoman on this assignment), may be charged, 2) Utilize employee on a job with different duties, or 3) Utilize employee through another staffing service.

Employee Terms & Conditions

My signature certifies that no accident or injury was sustained by me while working on this assignment, unless noted in the comments section. I understand that I am to contact Shoman Staffing within one working day after completing my assignment, and if I fail to do so, Shoman Staffing will assume that I am not available for work and it may negatively affect my chance at receiving unemployment benefits. I will not operate any vehicle without prior written consent from Shoman Staffing Services.

Thank you for choosing Shoman Staffing Services.

Client Company/Supervisor certify that hours stated here are correct. Client Company agrees to the terms and conditions on this timesheet.

Client Company Signature Printed Client Name/Date

My signature certifies the hours listed above were worked by me during the week designated, and were certified by an authorized representative of the Client. I further agree to the terms and conditions on this timesheet.

Employee Signature Printed Employee Name