

SIGNMENT
ORMATION

ADDRESS	REPORT TO:
CITY	
DEPT	
TIME	

COMPANY/CLIENT NAME	WEEK ENDING DATE: / /
ADDRESS	CITY
JOB TITLE	JOB NUMBER
AVAILABLE FOR WORK? WHEN: / /	SOCIAL SECURITY NUMBER
EMPLOYEE SIGNATURE	EMPLOYEE NAME (PLEASE PRINT)
EMPLOYEE: I CERTIFY that the hours shown represent the total hours worked by me this week, and that I have not had any work related injuries or illnesses that have not been reported to my supervisor.	
<input checked="" type="checkbox"/> MAIL CHECK <input type="checkbox"/> HOLD CHECK	
CLIENT: Your signature represents that you are in agreement with all the terms and conditions on front and reverse side hereof and that the hours shown are correct and the work was completed in a satisfactory manner.	
AUTHORIZED SIGNATURE:	TITLE:
<input checked="" type="checkbox"/>	
CLIENT NAME (PLEASE PRINT)	IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>

Premier Healthcare Resources <i>excellence in healthcare staffing</i> 11220 Elm Lane • Suite 104A • Charlotte, NC 28277 Telephone: (704) 644-1880 • Fax: (704) 644-1888							
HOURS WORKED TO NEAREST QUARTER HOUR							
DATE	START	FINISH	(LUNCH)	REG. HOURS	O.T. HOURS		
DAY	MON	TUES	WED	THU	FRI	SAT	SUN
CLIENT							
REG. HOURS HOURS MIN.				O.T. HOURS HOURS MIN.			
TOTAL HOURS TO NEAREST QUARTER HOUR MINIMUM 4 HOURS PER EMPLOYEE PER DAY				TOTAL HOURS WORKED			

REORDER FROM: **Jaco Graphics Inc.** (631) 273-8300 • (800) 321-5226**EMPLOYEE INFORMATION**

CALL US AT ONCE: WHEN YOU ARE LATE OR IF YOU CANNOT WORK THE PRESCRIBED HOURS, OR IF YOU WON'T BE ABLE TO REPORT FOR WORK.

RECORDING YOUR TIME: REPORT ALL TIME TO NEAREST 1/4 HOUR. DO NOT SHOW ODD MINUTES. REPORT TOTAL HOURS WORKED AS DIRECTED.

LUNCH: YOUR LUNCH PERIOD WILL BE DETERMINED BY THE SUPERVISOR TO WHOM YOU ARE ASSIGNED.

ABSENCE: CALL US AT ONCE-WE WILL CONTACT THE CLIENT. IF YOU WILL BE OUT FOR A NUMBER OF DAYS, IT WILL BE UP TO THE CLIENT TO DECIDE ON REPLACING YOU OR AWAIT YOUR RETURN.

OVERTIME: ALL AUTHORIZED WORK YOU PERFORM IN EXCESS OF 40 HOURS PER WEEK (MON-SUN) WILL BE AT TIME AND ONE HALF THE REGULAR RATE. YOU ARE PERMITTED TO WORK OVERTIME ONLY IF THE CLIENT REQUESTS AND APPROVES SUCH WORK. APPROVAL MUST BE OBTAINED FROM US BY THE CLIENT BEFORE OVERTIME CAN BE AUTHORIZED.

FUTURE ASSIGNMENTS: IF YOU DO NOT CONTACT US AFTER EACH ASSIGNMENT, WE WILL ASSUME YOU ARE NOT AVAILABLE FOR WORK, AND YOU HAVE VOLUNTARILY QUIT.

**CLIENT INFORMATION
ADDITIONAL TERMS AND CONDITIONS**

Being duly authorized on behalf of the above client, (1) the undersigned hereby acknowledges that the personnel service named on the reverse side hereof incurs substantial recruitment, screening, administrative and other marketing expenses in connection with the temporary employee named on the reverse side, and Client agrees that if the Client should hire the employee named on the reverse side within 180 days after this date, without agreement from The Service, the Client will pay Liquidated Damages (fee schedule available from The Service upon request). (2) Client certifies that the above hours are correct and that the work was performed in a satisfactory manner; (3) Client confirms prior agreement between The Service and Client with respect to the services performed hereunder and any future services; (a) Client shall not entrust The Service's employees with unattended premises, cash, negotiables, or other valuables or authorize such employees to operate machinery or motor vehicles without prior written permission from The Service in each instance. (b) The Service's insurance does not cover loss or damage caused by The Service's employees' operating Client's owned or leased motor vehicle(s), and Client therefore accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability damage sustained or incurred as a result of an employee driving such vehicle(s), or arising out of or involving violation by Client of paragraph (3)(a), above; (c) The Service is not responsible for claims made under its fidelity bond unless such claims are reported to it in writing by Client within 30 days after occurrence; (d) Client shall indemnify and save The Service harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned or controlled by Client and to which The Service's employees are assigned. The Client recognizes The Service's employer relationship with its personnel, and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with The Service.

The client agrees to pay all invoices per terms and finance charges of one and one half percent (1-1/2%) per month (18% per annum) on charges remaining five(5) days after terms, on a thirty (30) day basis and reasonable attorney's fees and expenses of collection, if "The Service" engages an attorney to enforce payment of any charges incurred.